

RECEIVED
JAN 24 1951
DIVISION OF VITAL
CERTIFICATE OF STILLBIRTH
State of Idaho

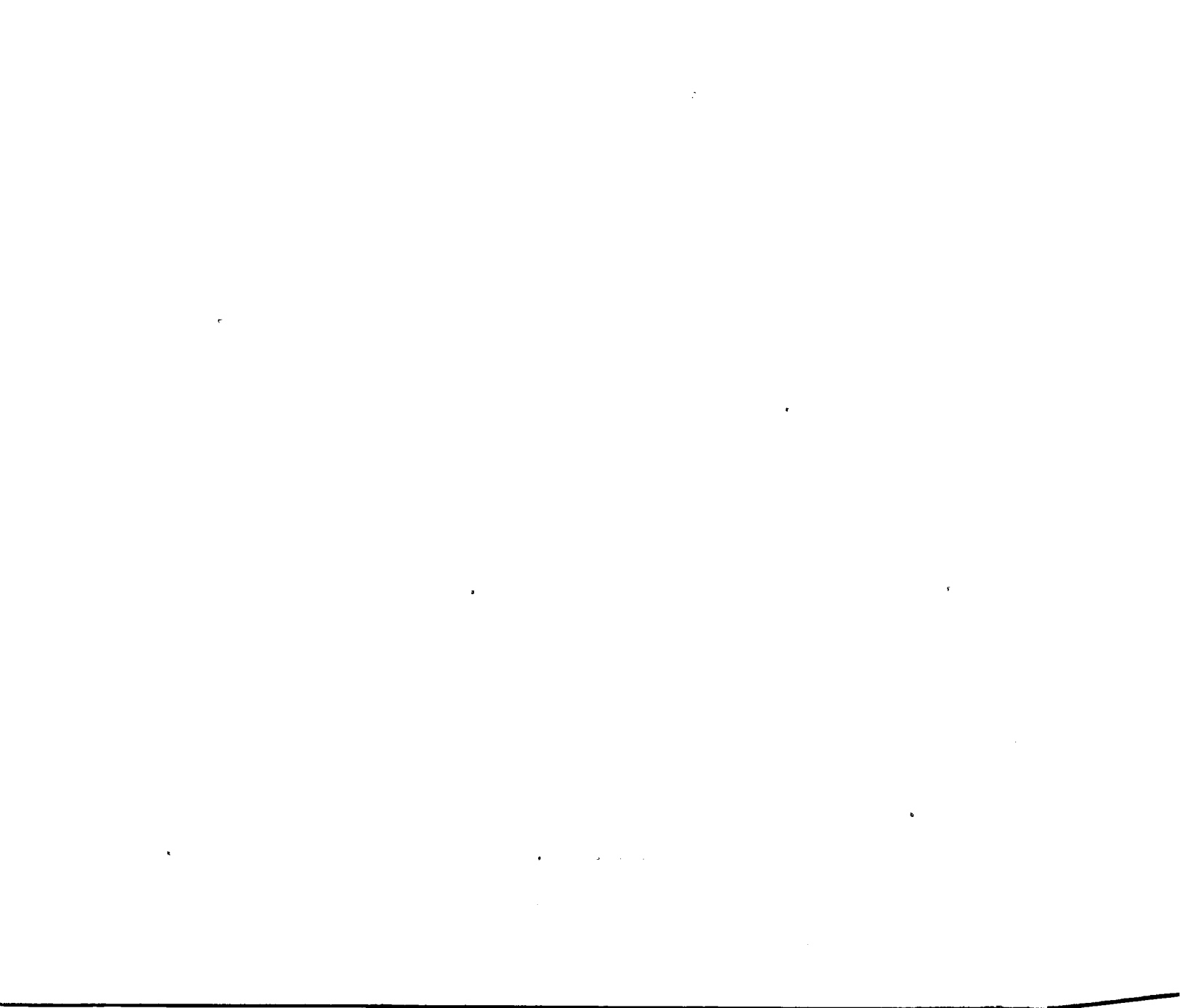
State File No. 001
Local Reg. No. 14
Reg. Dist. No. 376

1. PLACE OF STILLBIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise d. STREET ADDRESS (If rural, give location) Rt. 3	
3. CHILD'S NAME (Type or Print) Forrest Wayne Rea			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan 15, 1951
7. FATHER'S NAME a. (First) Arland b. (Middle) E. c. (Last) Rea		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Portland, Oregon	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Fruit farm
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) L. c. (Last) Chaney		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT A.E. Rea Rt. 3, BOISE, IDA.			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1950	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Diabetes mother		22. STATE ALL OPERATIONS FOR DELIVERY 7 Cesarean, Diabetes Sprockel - Definite Cause not determined	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 1-18-51
	23c. ATTENDANT'S ADDRESS Boise Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 18, 1951	25c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 1-19-51	REGISTRAR'S SIGNATURE Meytle Palmer	26. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho McBratney-Alden Chapel	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 DIVISION OF VITAL STATISTICS
 State of Idaho

State File No. 002
 Local Reg. No. 1
 Reg. Dist. No. 300

1. PLACE OF STILLBIRTH a. COUNTY <u>Adams</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Council</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Adams</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Council</u> d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME ((Type or Print))							
		<u>CLARKE</u>		<u>DENNIS</u>			
		<u>LUCKER</u>					
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan.</u> <u>6</u> <u>1951</u>			
7. FATHER'S NAME a. (First) <u>GEORGE</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>LUCKER</u>			
				8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>61</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>St. Joe, Michigan</u>		11a. USUAL OCCUPATION <u>Butcher</u>			
				11b. KIND OF BUSINESS OR INDUSTRY			
12. MOTHER'S MAIDEN NAME a. (First) <u>PAULINE</u>		b. (Middle) <u>FLORENCE</u>		c. (Last) <u>FRANKLIN</u>			
				13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>32</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Platte River, Missouri</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>3</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>			
17. INFORMANT <u>Pauline Lucker</u>							
18a. LENGTH OF PREGNANCY <u>8 mo.</u> WEEKS		18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>0</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec. 8, 1950</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>736.2</u>					
		20b. MATERNAL CAUSES <u>Placenta Abruptio</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Breech</u>			22. STATE ALL OPERATIONS FOR DELIVERY				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:42 a.</u> <u>2</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>			23b. DATE SIGNED <u>1-8-51</u>		
		23c. ATTENDANT'S ADDRESS <u>[Signature]</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>George A. Lucker</u>			
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		25b. DATE <u>1-7-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cem.</u>		25d. LOCATION (City, town, or county) (State) <u>Council, Adams Co. Idaho</u>		
DATE REC'D BY LOCAL REG. <u>1-7-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR ADDRESS <u>George A. Lucker, Council, Idaho</u>			



PHS-797(VS)

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FEDERAL SECURITY AND
PUBLIC HEALTH SERVICE

JAN 24 1951 (1949 Revision of Standard Certificate)

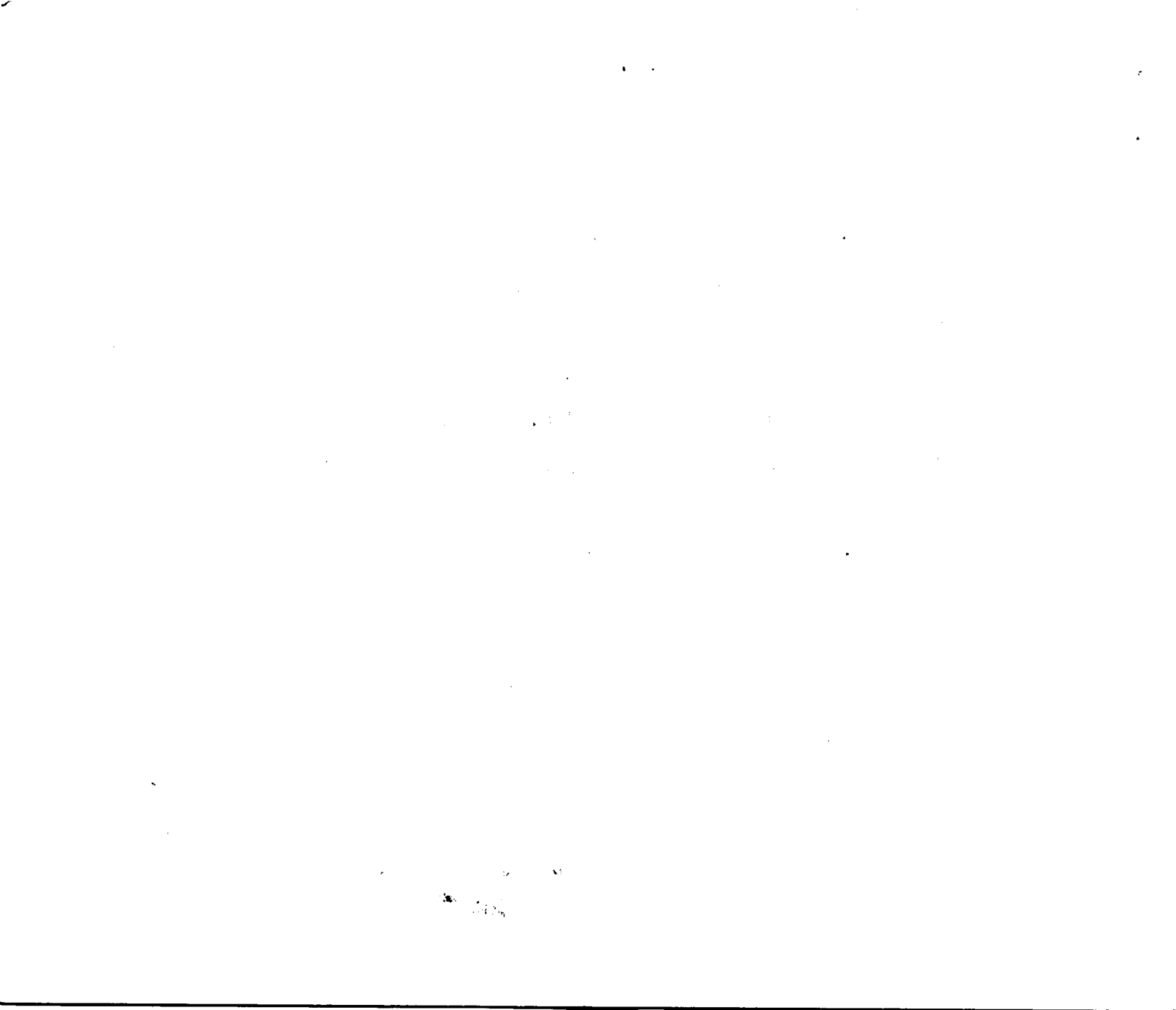
DIVISION OF VITAL STATISTICS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No.

Local Reg. No. 9

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) Route #2 North	
3. CHILD'S NAME (Type or Print) Doris Virginia Miles			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 3 51
7. FATHER'S NAME a. (First) George b. (Middle) Veral c. (Last) Miles		8. COLOR OR RACE white	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Lava Hot Springs, Ida.	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Ray Parks
12. MOTHER'S MAIDEN NAME a. (First) Doris b. (Middle) Dawn c. (Last) Grimm		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Bancroft, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Doris Miles mother			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none noted.	
		20b. MATERNAL CAUSES Premature separation of placenta.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none.		22. STATE ALL OPERATIONS FOR DELIVERY none.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE [Signature] (Specify if M. D., midwife, or other)		23b. DATE SIGNED 10 January 51
	23c. ATTENDANT'S ADDRESS Pocatello	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan 7-51	25c. NAME OF CEMETERY OR CREMATORY Lava Hot Springs	25d. LOCATION (City, town, or county) (State) Lava Hot Springs, Idaho
DATE REC'D BY LOCAL REG. 1-23-51	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR [Signature]	ADDRESS Pocatello



FEB 1 1951
DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS
State of Idaho

State File No.

Local Reg. No. 23

Reg. Dist. No. 570

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 223 North 15th.	
3. CHILD'S NAME (Type or Print) Baby Girl Harker			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 17 51
7. FATHER'S NAME a. (First) Max b. (Middle) Clinton c. (Last) Harker		8. COLOR OR RACE white	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Jameston, Idaho	11a. USUAL OCCUPATION Lumber yard Mgr.	11b. KIND OF BUSINESS OR INDUSTRY Bistlines Lumber & Hdw.
12. MOTHER'S MAIDEN NAME a. (First) Adele b. (Middle) Thomas c. (Last) white		13. COLOR OR RACE white	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Semaria, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Max C. Harker father			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y 39.2	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Hydrops Fetalis - Erythroblastosis			
20b. MATERNAL CAUSES negative			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none - as above		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) Joseph B. Negstad M.D. 23a. ATTENDANT'S ADDRESS Pocatello, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL 1-25-51		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 1-30-51		26. FUNERAL DIRECTOR Bonnie Sue Egley ADDRESS	

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CERTIFICATE OF STILLBIRTH

State of Idaho

DIVISION OF VITAL
STATISTICS

1. PLACE OF STILLBIRTH a. COUNTY <u>Benewah</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSmet</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At home</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benewah</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSmet</u> d. STREET ADDRESS (If rural, give location) <u>***</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Girl Coffee</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 23, 1951</u>		
7. FATHER'S NAME a. (First) <u>Pat</u> b. (Middle) c. (Last) <u>Coffee</u>		8. COLOR OR RACE <u>Indian</u>			
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Alaska</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Christine</u> b. (Middle) c. (Last) <u>LaSarte</u>		13. COLOR OR RACE <u>Indian</u>			
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>DeSmet, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>			
17. INFORMANT <u>Mr. Pat Coffee</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No...#..... <u>Approximate date ***</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undetermined.</u> 20b. MATERNAL CAUSES <u>No apparent cause.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE <u>W.B. Abegglen</u> 23c. ATTENDANT'S ADDRESS <u>Takoa, Washington</u>		23b. DATE SIGNED <u>D.O. 1.23.1951</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>1/24/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Mission DeSmet Idaho</u>		
DATE REC'D BY LOCAL REG. <u>1/24/51</u>		REGISTRAR'S SIGNATURE <u>John F. Brown</u>		26. FUNERAL DIRECTOR ADDRESS <u>Jack E. Kramer Libron Wn.</u>	

FEB 13 1951

DIVISION OF VITALS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 006

Local Reg. No. 1

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bonneville	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Idaho Falls	b. COUNTY	Bonneville
c. FULL NAME OF HOSPITAL OR INSTITUTION	Sacred Heart Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Idaho Falls
		d. STREET ADDRESS (If rural, give location)	315 - 7th Street

3. CHILD'S NAME (Type or Print)			
MARYLIN RUTH TIPPETS			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	January 8, 1951

7. FATHER'S NAME		8. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	White
Thero	Eames	Tinnetts	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Preston, Idaho	Manager	Safeway Store

12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	White
Ruth	Ida	Ruchti	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
36 YEARS	Ashton, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?
		1	0
17. INFORMANT		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
Mrs. Ruth Tinnetts, Mother		0	

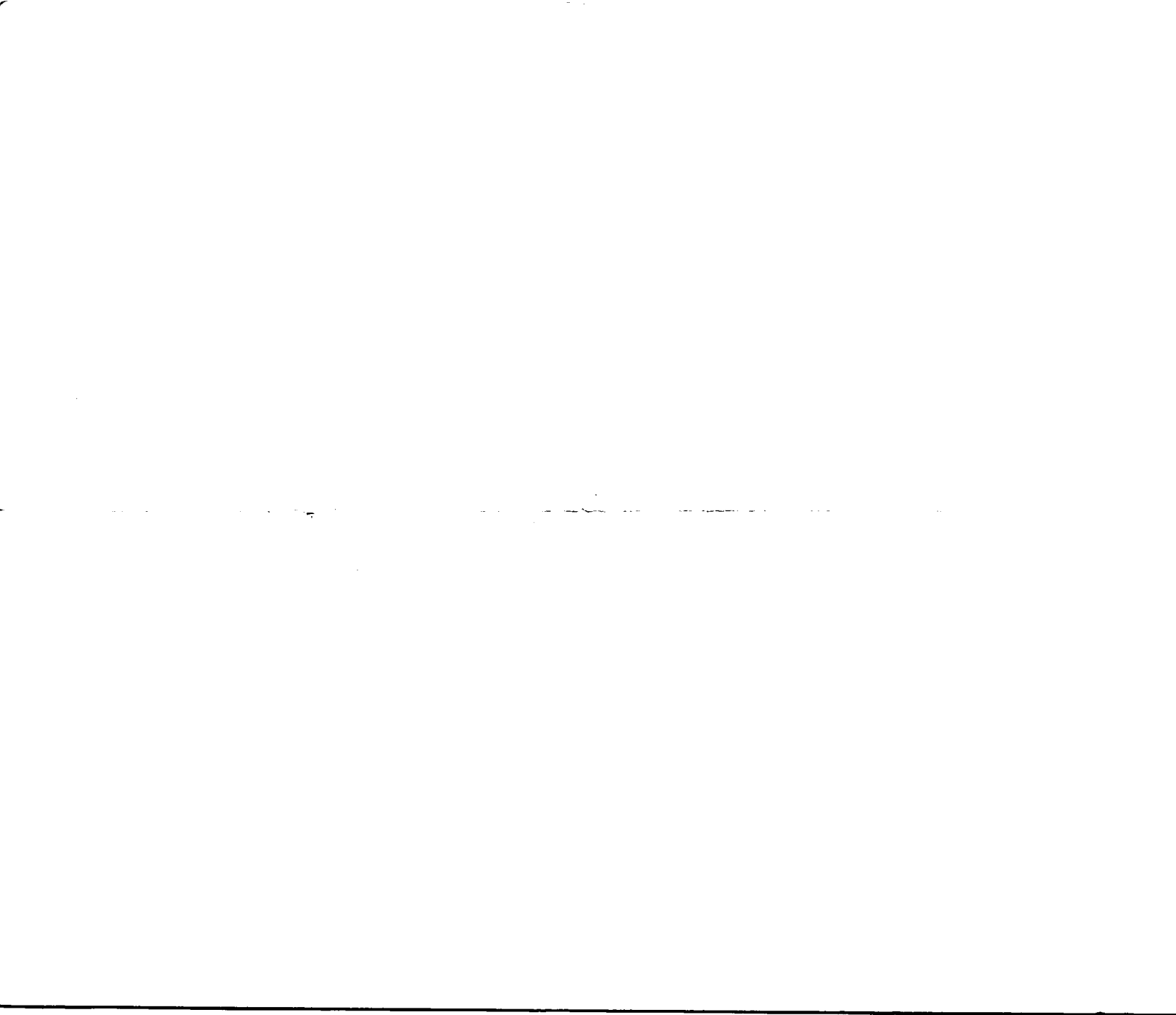
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/>
41 WEEKS	6 LBS. 6 OZS.	Approximate date July, 1950

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES	20b. MATERNAL CAUSES
	Proapsed Cord	

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE	(Specify if M., D., midwife, or other)	23b. DATE SIGNED
	Milton T. Rees M.D.		1-8-51
	23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL
	Idaho Falls, Idaho		TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Idaho Falls	1/9/51	Rose Hill	Idaho Falls, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Jan. 15-1951	Anna Bridger	Jack G. Wood	Idaho Falls, Idaho



RECEIVED
JAN 18 1951
DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

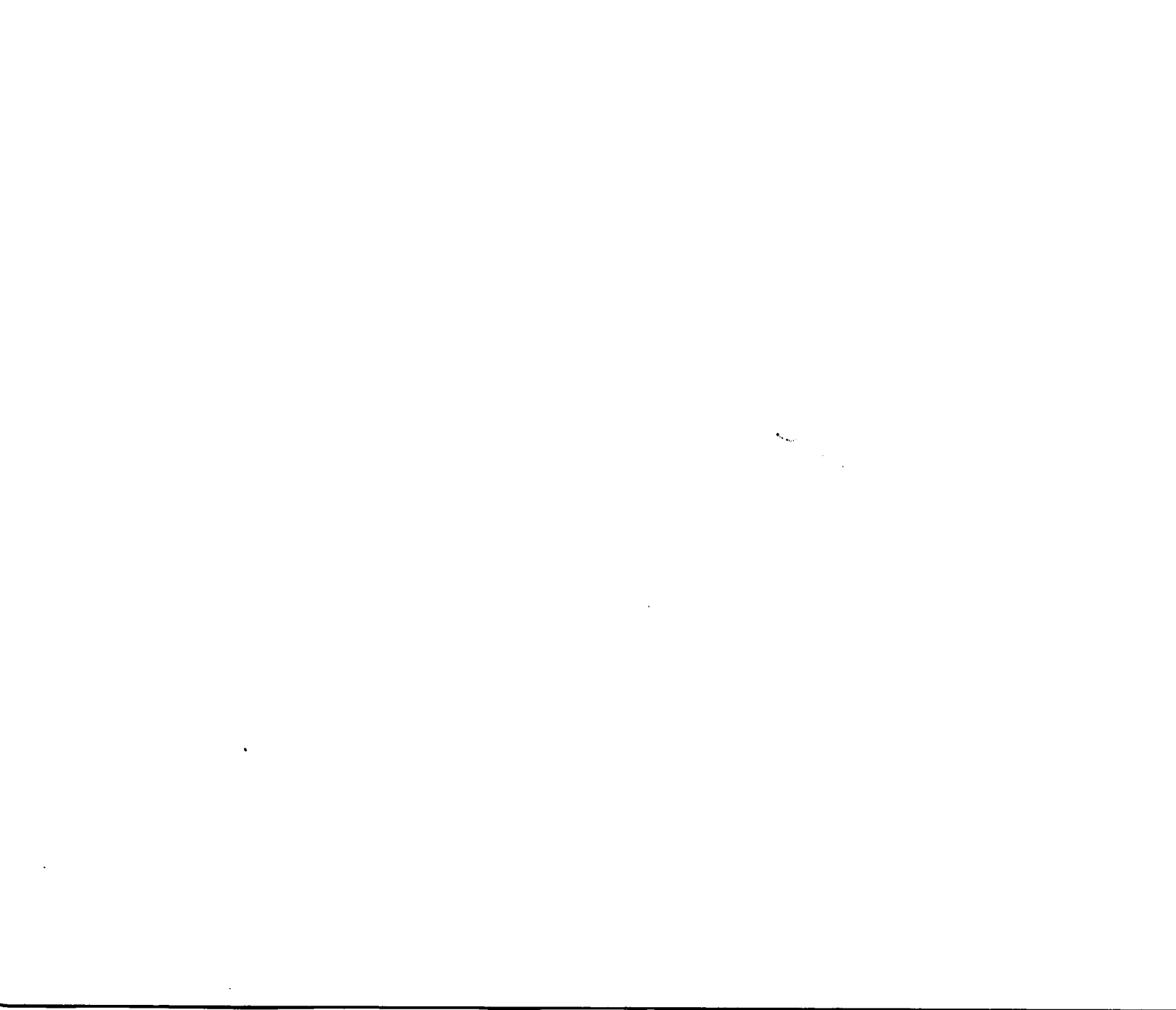
State of Idaho

State File No.

Local Reg. No. 259 279

Reg. Dist. No. 421

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Elmore</u>	
b. CITY OR TOWN <u>Wendell</u>		c. CITY OR TOWN <u>Glenns Ferry</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Valentine's Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>THOMAS</u> <u>TRAVIS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 1, 1951</u>
7. FATHER'S NAME a. (First) <u>Raymond</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Travis</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Cortez, Colorado</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Frances</u> b. (Middle) <u>Wilma</u> c. (Last) <u>Mc Anulty</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Glenns Ferry, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were born alive but are now dead? <u>2</u> b. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Frances Wilma McAnulty Travis</u>			
18a. LENGTH OF PREGNANCY <u>40 WEEKS</u>	18b. WEIGHT AT BIRTH <u>5 LBS. 6 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Sept. 1950</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Partial abruptio placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>abruptio placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:55 a.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Ward L. Pugh M.D.</u> (Specify if M.D., midwife, or other)	
23c. ATTENDANT'S ADDRESS <u>Glenns Ferry, Idaho</u>		23b. DATE SIGNED <u>Jan 10, 1951</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 1, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Glenns Ferry</u>	25d. LOCATION (City, town, or county) (State) <u>Elmore County, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 11, 1951</u>	REGISTRAR'S SIGNATURE <u>Sister M. Rose, O.B.</u>	26. FUNERAL DIRECTOR <u>Raymond C. Travis</u> ADDRESS	



RE:

JAN 12 (1949 Revision of Standard Certificate)

DIVISION CERTIFICATE OF STILLBIRTH

STATES

State of Idaho

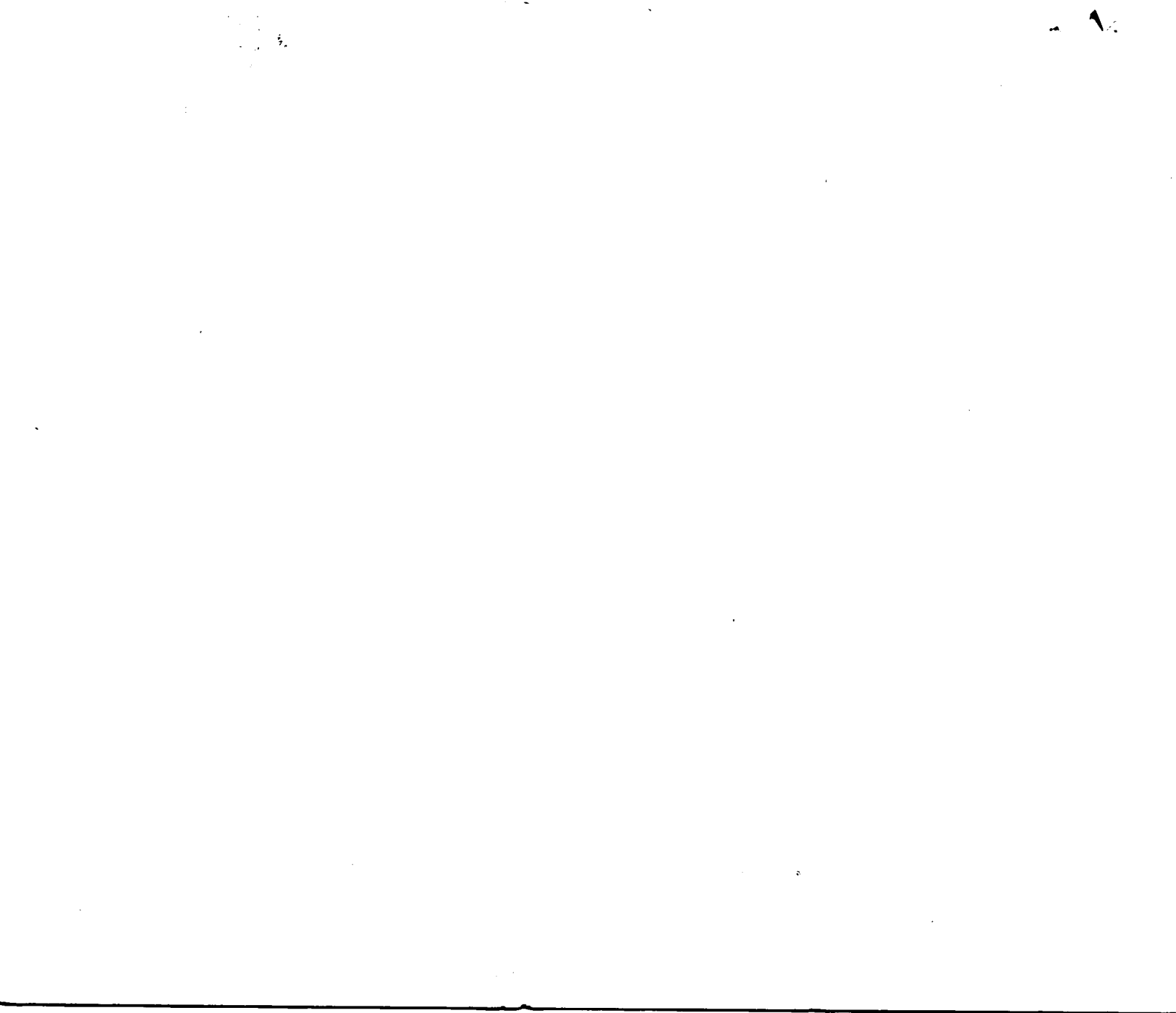
State File No.

Local Reg. No. 260 (1097)

Reg. Dist. No. 42

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jerome</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wendell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerome</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Valentines</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Anna Marie Shurtz</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 2 1951</u>
7. FATHER'S NAME a. (First) <u>Arnold</u> b. (Middle) <u>Francis</u> c. (Last) <u>Shurtz</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oregon</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Edna</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Blunt</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Jerome Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>one</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Arnold Francis Shurtz</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Premature separation of placenta, super-</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Caesarian for abruptio placentae</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarian</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>H. Carvyle Small MD</u> 23c. ATTENDANT'S ADDRESS <u>Jerome Idaho</u>	
		23b. DATE SIGNED <u>1/3/51</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>JOR Wiley</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan 3, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Jerome</u>	25d. LOCATION (City, town, or county) (State) <u>Jerome Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 9, 1951</u>		26. FUNERAL DIRECTOR ADDRESS <u>Jerome, Idaho</u>	

1. PLACE OF STILLBIRTH a. COUNTY KOOTENAI		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY KOOTENAI	
b. CITY (If outside corporate limits, write RURAL and give township) OR COEUR D' ALENE TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR COEUR D' ALENE TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE LAKE CITY GENERAL		d. STREET ADDRESS (If rural, give location) LAKE CITY GENERAL	
3. CHILD'S NAME (Type or Print) LINDA LOUISE BARKER			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) JAN. 26 1951
7. FATHER'S NAME a. (First) JAN b. (Middle) c. (Last) BARKER		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) BALCK LAKE IDAHO	11a. USUAL OCCUPATION RANCHER	11b. KIND OF BUSINESS OR INDUSTRY OWN
12. MOTHER'S MAIDEN NAME a. (First) LOUISE b. (Middle) c. (Last) BOUCHERD		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) UNKNOWN CANADA	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? THREE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT Jay Barker			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES Multiple Congenital Malformation Y38.7		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) DE Hughes MD 23b. DATE SIGNED 1-27-51	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE Jan. 27, 1951	25c. NAME OF CEMETERY OR CREMATORY FOREST CEMETERY	25d. LOCATION (City, town, or county) (State) COEUR D' ALENE IDAHO
DATE REC'D BY LOCAL REG. 1-31-51	REGISTRAR'S SIGNATURE Ann C. Harrington	26. FUNERAL DIRECTOR ADDRESS C.D.A. IDAHO	



FEB 12 1951

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 010

Local Reg. No. 2

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Post Falls, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City General</u>		d. STREET ADDRESS (If rural, give location) <u>Kamp's Tourist Court #3</u>	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL HIEB</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 31 1951</u>
7. FATHER'S NAME a. (First) <u>Jakie</u> b. (Middle) <u>Hieb</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>McCluskey N. Dakota</u>	11a. USUAL OCCUPATION <u>Musician</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Gertude</u> b. (Middle) <u>Jarvis</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rhinelanders Wis.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Jakie Hieb Post Falls, Idaho</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>32.5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>1-31-51</u> (pt. first seen by me)	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>acute pyelitis</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Stanley Barclay M.D.</u> (Specify if M.D., midwife, or other)	
		23b. DATE SIGNED <u>2-2-51</u>	
23c. ATTENDANT'S ADDRESS <u>Coeur d'Alene, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>N. H. [Signature]</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Feb 2 - 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene Idaho</u>
DATE REC'D BY LOCAL REG. <u>2-2-51</u>	REGISTRAR'S SIGNATURE <u>Ann C. Harrington</u>	26. FUNERAL DIRECTOR <u>N. H. [Signature]</u> ADDRESS <u>C.D.A. Idaho</u>	

APR 5 1951

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

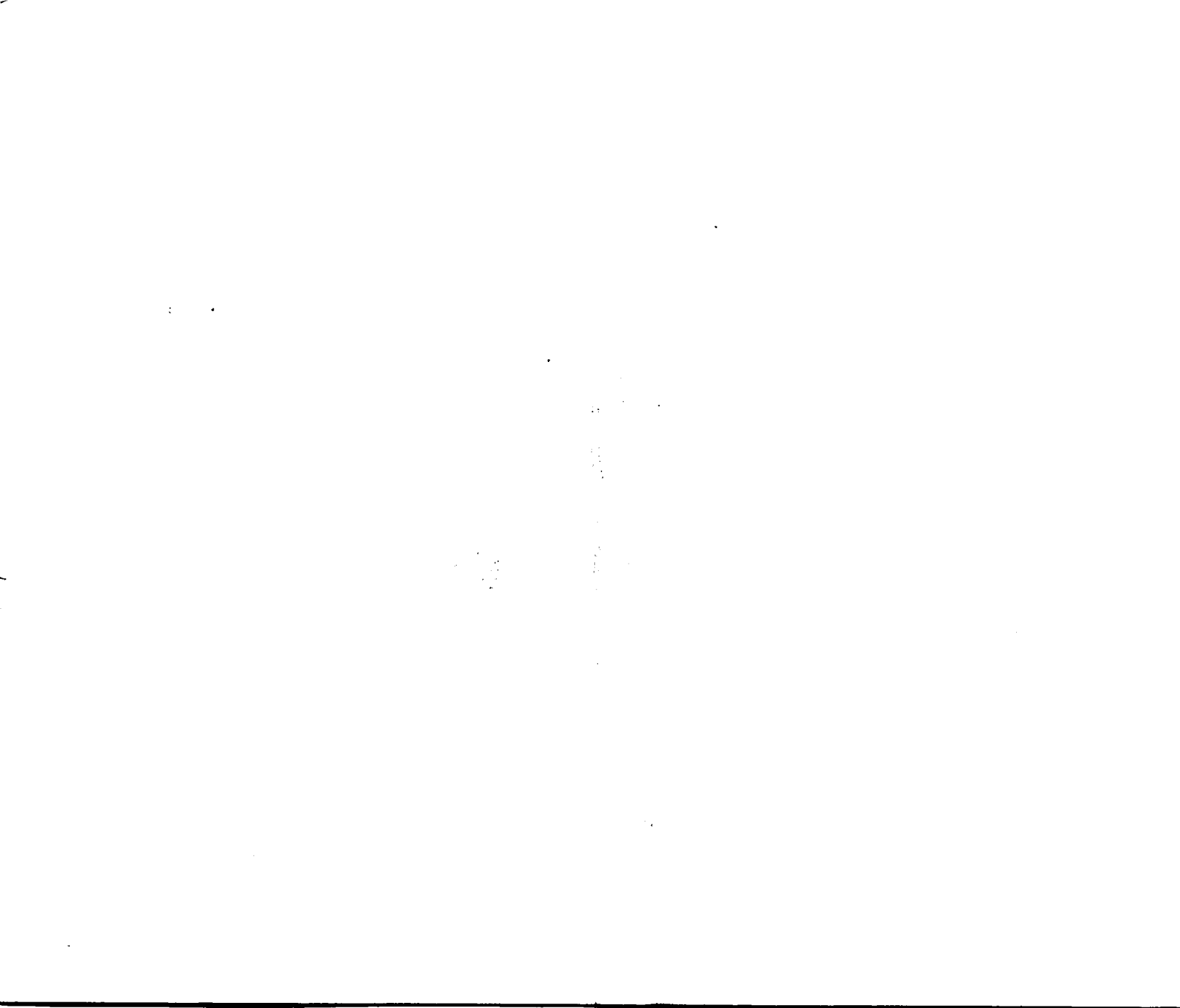
State of Idaho

State File No. 111

Local Reg. No. 62

Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rexburg Mat. Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Pincock			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 3, 1951
7. FATHER'S NAME a. (First) Max b. (Middle) D. c. (Last) Pincock		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Sugar City, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Ethel c. (Last) Strange		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Rexburg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Max D. Pincock</i>			
18a. LENGTH OF PREGNANCY 48 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4/39/6	
20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Stillbirth (Fetal Heart tones were not heard in the 24 hours prior to delivery)</i>		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>no</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>no</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>M. F. Wright, M.D.</i>	
23c. ATTENDANT'S ADDRESS <i>Rexburg</i>		23b. DATE SIGNED 1/3/51	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Rebecca Z. Lamm</i>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/4/51	25c. NAME OF CEMETERY OR CREMATORY Sugar City	25d. LOCATION (City, town, or county) (State) Sugar City, Idaho
DATE REC'D BY LOCAL REG. 1-4-51	REGISTRAR'S SIGNATURE <i>Rebecca Z. Lamm</i>	26. FUNERAL DIRECTOR <i>Rebecca Z. Lamm</i> ADDRESS Rexburg, Idaho	



CERTIFICATE OF STILLBIRTH

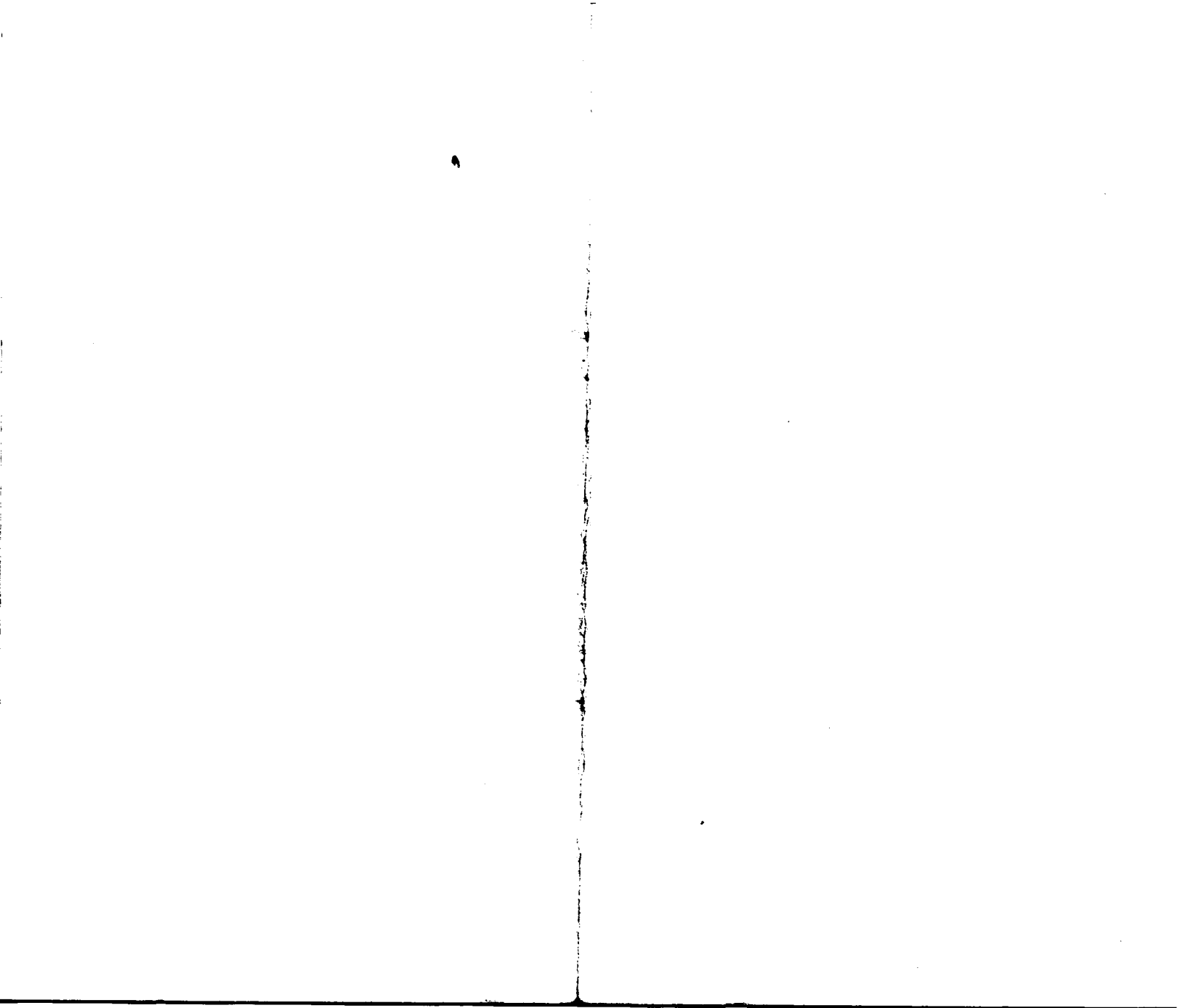
State of Idaho

State File No. 112

Local Reg. No. 6

Reg. Dist. No. 6.30

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reynburg</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Reynburg</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reynburg Maternity Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>359 W 3rd South</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 17, 1951</u>
7. FATHER'S NAME a. (First) <u>Frank</u> b. (Middle) <u>E</u> c. (Last) <u>Brunson</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Tillamook, Utah</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>La Rue</u> b. (Middle) <u>Clements</u> c. (Last) <u>White</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Reynburg, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Frank E Brunson</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>unknown (Premature) 5 1/2 months</u>		
	20b. MATERNAL CAUSES <u>unknown</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M. J. Rigby MD</u>		23b. DATE SIGNED <u>1/17/51</u>
	23c. ATTENDANT'S ADDRESS <u>Reynburg, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u> </u> TITLE <u> </u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan 18, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Reynburg</u>	25d. LOCATION (City, town, or county) (State) <u>Reynburg Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Leona Flamm</u>	26. FUNERAL DIRECTOR ADDRESS	



RECEIVED

(1949 Revision of Standard Certificate)

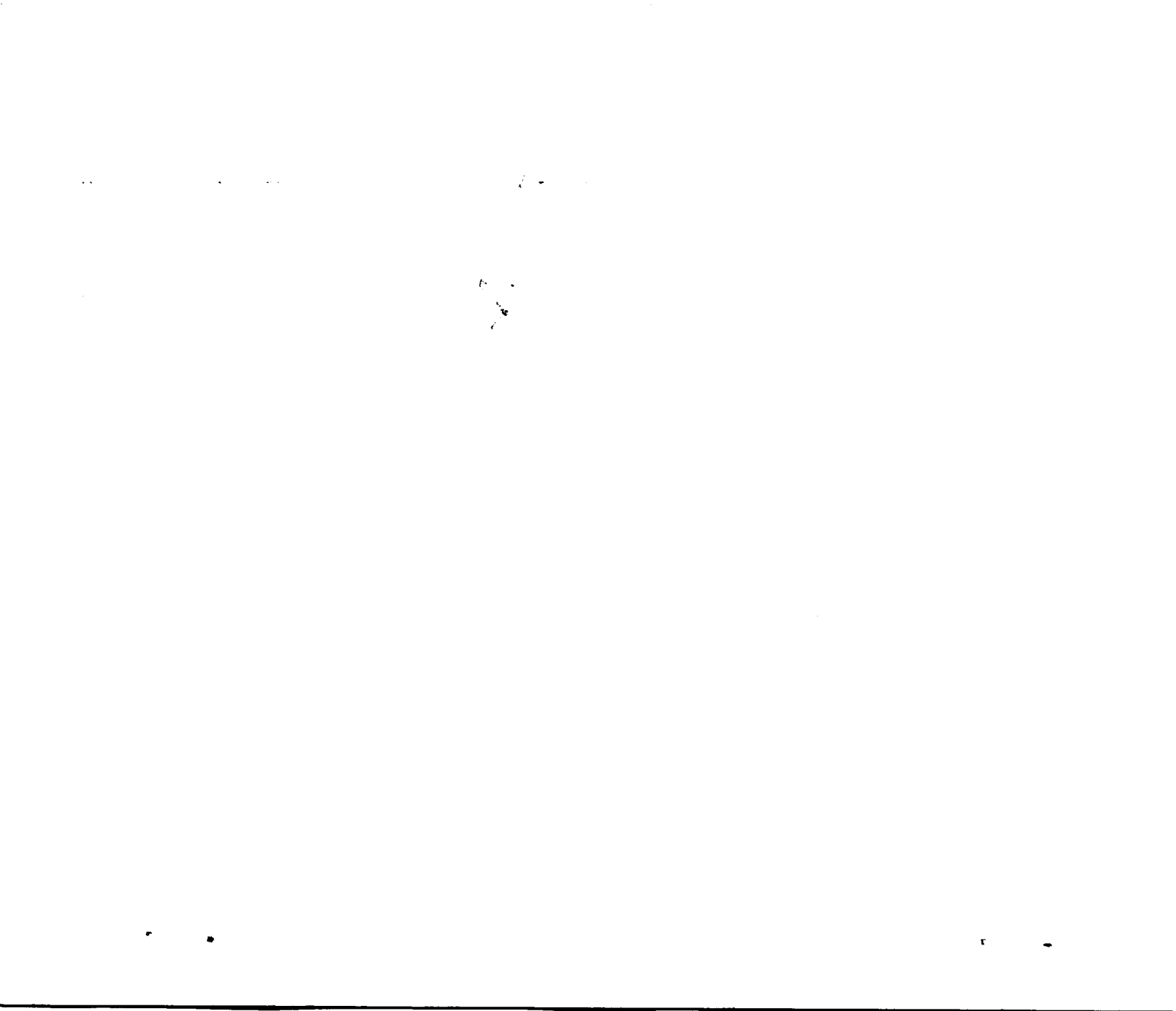
JAN 22 1951
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No.

Local Reg. No. 225

Reg. Dist. No. 222

1. PLACE OF STILLBIRTH a. COUNTY <u>Hez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewis ton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Headquarters</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		d. STREET ADDRESS (If rural, give location) <u>Box 105</u>	
3. CHILD'S NAME (Type or Print) <u>John Crane Sutherland</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>1 - 15 - 51</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Fearn</u> c. (Last) <u>Sutherland</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Cambrant, Illinois</u>	11a. USUAL OCCUPATION <u>Forester</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marjorie</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Rosett</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mountain Home, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Charles J. Sutherland</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Complete knot in cord. Y 36.0</u>	
		20b. MATERNAL CAUSES <u>None.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:15 P.M.</u>		23a. ATTENDANT'S SIGNATURE <u>W.B. Pierce M.D.</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>1/16/51</u>		23c. ATTENDANT'S ADDRESS <u>Headquarters</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Wm. U. Vassar</u>		23e. TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	25b. DATE <u>1-16-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain Home</u>	25d. LOCATION (City, town, or county) (State) <u>Mountain Home, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1951</u>		26. FUNERAL DIRECTOR <u>Wm. U. Vassar</u> ADDRESS <u>Lewis ton, Idaho</u>	



DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of John Crane Sutherland
now lying buried in Mountain View Cemetery cemetery, in the City or Town of Mountain Home
County of Elmore State of Idaho, who died on the 15 day of Jan, 1951, Aged Stillbirth years 0 months
0 days, the cause of death being Stillbirth and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;
or yellow fever as shown by the certificate of death of said deceased, given by
Dr. Pierce, Lewiston, Idaho attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private or railway conveyance
to Different lot - Same cemetery in the City or Town of Mountain Home County of Elmore
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of
Mountain Home it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the Department of public health governing the Transportation of
Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic
lined outer case before removal.

Given under my hand and Seal of the Department of public health at Boise, Idaho,
permit issued to: this 8th day of July, A.D. 1951.

Bey Mortuary
Mountain Home, Idaho

Director, Division of vital statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of health of the City,
Town or County of _____ State of Idaho, this _____ day of _____ 19____.

Health officer

FEB 5 1951
DIVISION OF STATISTICS
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 014

Local Reg. No. 13

Reg. Dist. No. 222

1. PLACE OF STILLBIRTH a. COUNTY <u>NezPerce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>NezPerce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph</u>		d. STREET ADDRESS <u>Rt. #2, Box 810-A</u> (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL HOLLIDAY</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 27 1951</u>
7. FATHER'S NAME a. (First) <u>Albert</u> b. (Middle) c. (Last) <u>Holliday</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rubens, Idaho</u>	11a. USUAL OCCUPATION <u>Mill Worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber industry</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Wilhemina</u> b. (Middle) c. (Last) <u>Harbke</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Molar, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two (2)</u> b. How many children were born alive but are now dead? <u>None (0)</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None (0)</u>	
17. INFORMANT <u>X Albert Holliday</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <u>1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>abnormality of Placenta & Placenta</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>George J. Baran</u>	
23b. DATE SIGNED <u>Jan 29 - 51</u>		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>K. H. Malcom</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan 29, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan 31, 1951</u>		26. FUNERAL DIRECTOR, by- <u>K. H. Malcom</u> ADDRESS <u>Lewiston Idaho</u>	
REGISTRAR'S SIGNATURE <u>Dr. E. Baldeck</u>			

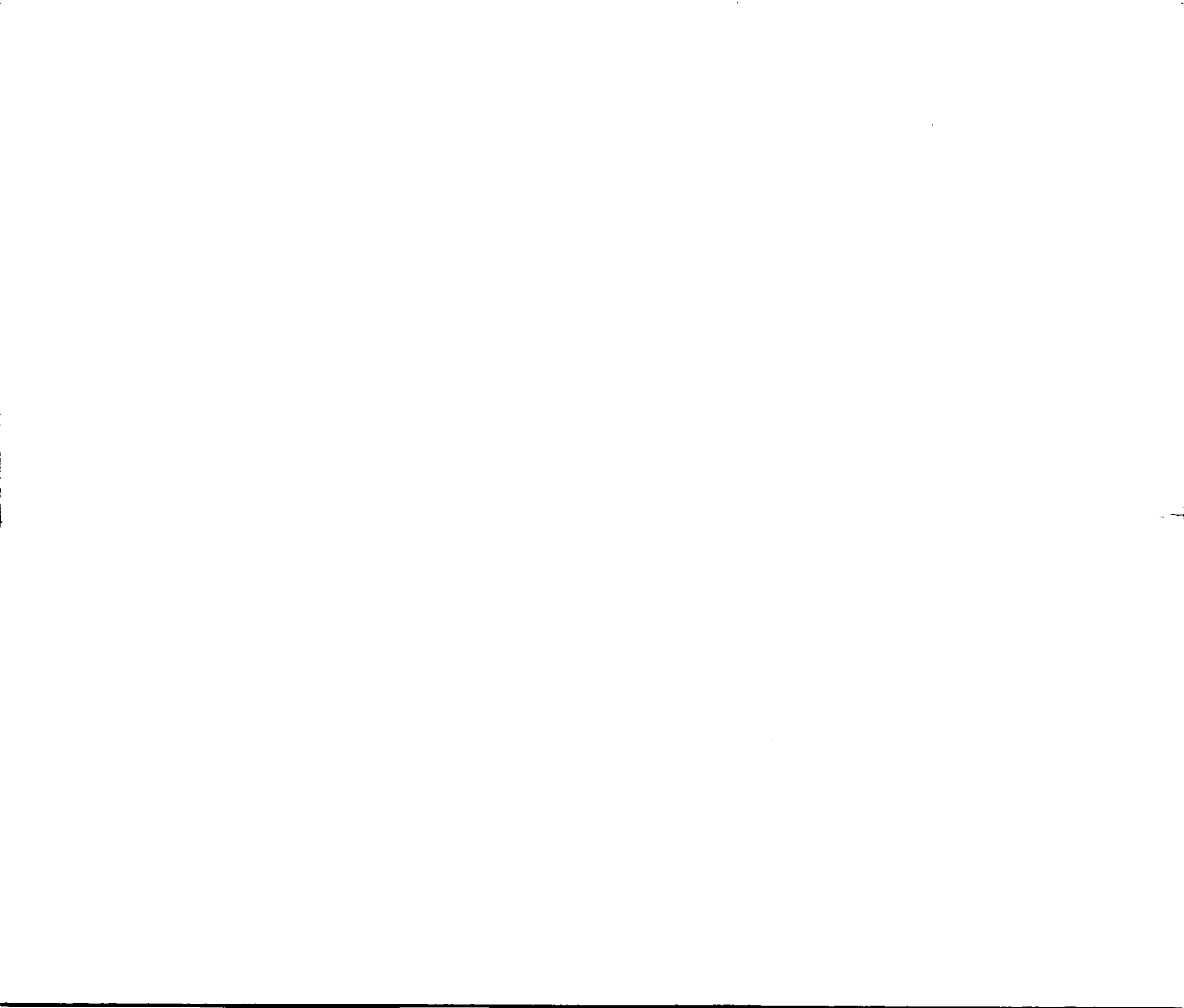
STATE OF IDAHO
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. 115

Local Reg. No. 6

Reg. Dist. No. 170

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wallace</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osburn</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 938</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Jones</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 5 1951</u>
7. FATHER'S NAME a. (First) <u>Ray</u> b. (Middle) <u>Avery</u> c. (Last) <u>Jones</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Spokane, Wash.</u>	11a. USUAL OCCUPATION <u>Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Sunset Mineral</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ada</u> b. (Middle) <u>Isabel</u> c. (Last) <u>Lake</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colbert, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mrs. Ray A. Jones</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>11 1/2</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>8-1-50</u>	
20a. FETAL CAUSES <u>Toxemia (Macerated - No obvious deformity)</u>		20b. MATERNAL CAUSES <u>Toxemia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Induction of labor</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:20 A.M.</u>		23. ATTENDANT'S SIGNATURE <u>James B. Hunter MD</u>	
23c. ATTENDANT'S ADDRESS <u>Wallace - Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Wallace Corneil Wallace Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>1-5-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wallace Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Wallace, Shoshone, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan 8-1951</u>	REGISTERAR'S SIGNATURE <u>Wallace Corneil Wallace Idaho</u>	26. FUNERAL DIRECTOR <u>Wallace Corneil Wallace Idaho</u>	



PHS-797(VS)

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

DIVISION OF VITALS
STATE OF IDAHO
STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No. 620

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>	
b. CITY OR TOWN <u>Driggs</u>		c. CITY OR TOWN <u>Teton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 8 1951</u>
7. FATHER'S NAME a. (First) <u>Gordon</u> b. (Middle) <u>P.</u> c. (Last) <u>Hansen</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Peeter - Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Wilma</u> b. (Middle) <u>Violet</u> c. (Last) <u>menner</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Corinne - Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u> 20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:30 p.m.</u>	23a. ATTENDANT'S SIGNATURE <u>Gordon M. Jensen MD</u>		23b. DATE SIGNED <u>1/13/51</u>
	23c. ATTENDANT'S ADDRESS <u>Driggs, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ethel Jackwell</u> TITLE <u>head nurse</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	25b. DATE <u>at hospital (body decomposed)</u>	25c. NAME OF CEMETERY OR CREMATORY <u>information by</u>	25d. LOCATION (City, town, or county) (State) <u>head nurse</u>
DATE REC'D BY LOCAL REG. <u>Ethel Jackwell</u>	REGISTRAR'S SIGNATURE <u>Ethel Jackwell</u>	26. FUNERAL DIRECTOR <u>filled in by</u>	ADDRESS <u>Ethel Jackwell</u>

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JAN 31 1951

DIVISION OF VITAL STATISTICS

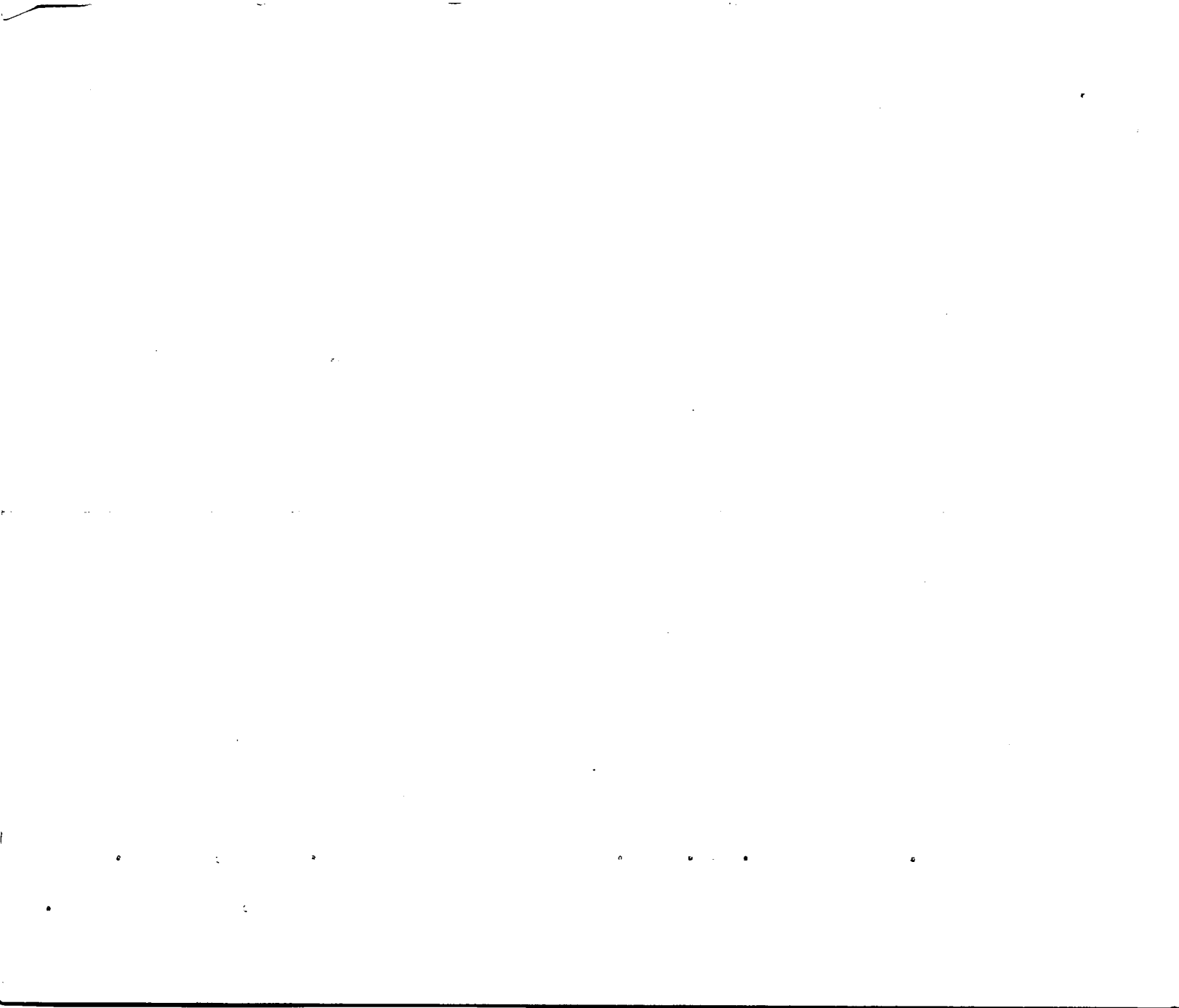
State of Idaho

State File No. 117

Local Reg. No. 4

Reg. Dist. No. 3/1

1. PLACE OF STILLBIRTH a. COUNTY Valley		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Valley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stibnite		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stibnite	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Stibnite Hospital		d. STREET ADDRESS (If rural, give location) Circle Drive	
3. CHILD'S NAME (Type or Print) Dianna Kay Lindekugel			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 9 51
7. FATHER'S NAME a. (First) Arthur	b. (Middle) Edwin	c. (Last) Lindekugel	8. COLOR OR RACE
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Mansfield, S. Dakota	11a. USUAL OCCUPATION Mill operator	11b. KIND OF BUSINESS OR INDUSTRY Mining
12. MOTHER'S MAIDEN NAME a. (First) Iva	b. (Middle) Myrtle	c. (Last) Lindekugel	13. COLOR OR RACE white
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) near Weiser, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Arthur Edwin Lindekugel			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 9/14/50	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Erythroblastosis Fetalis		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Membranes ruptured 1/1/51		22. STATE ALL OPERATIONS FOR DELIVERY L.M.L. episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2 p. m.		23a. ATTENDANT'S SIGNATURE J. E. Rockwell, Jr., M.D.	23b. DATE SIGNED 1/9/51
23c. ATTENDANT'S ADDRESS Stibnite		24. SIGNATURE OF AUTHORIZED OFFICIAL Summers	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	25b. DATE January 18, 1951	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho.
DATE REC'D BY LOCAL REG. Jan 29-1951	REGISTRAR'S SIGNATURE H. M. Gardner	26. FUNERAL DIRECTOR'S ADDRESS Summers Funeral Home, Boise, Idaho.	



FEB 22 1951

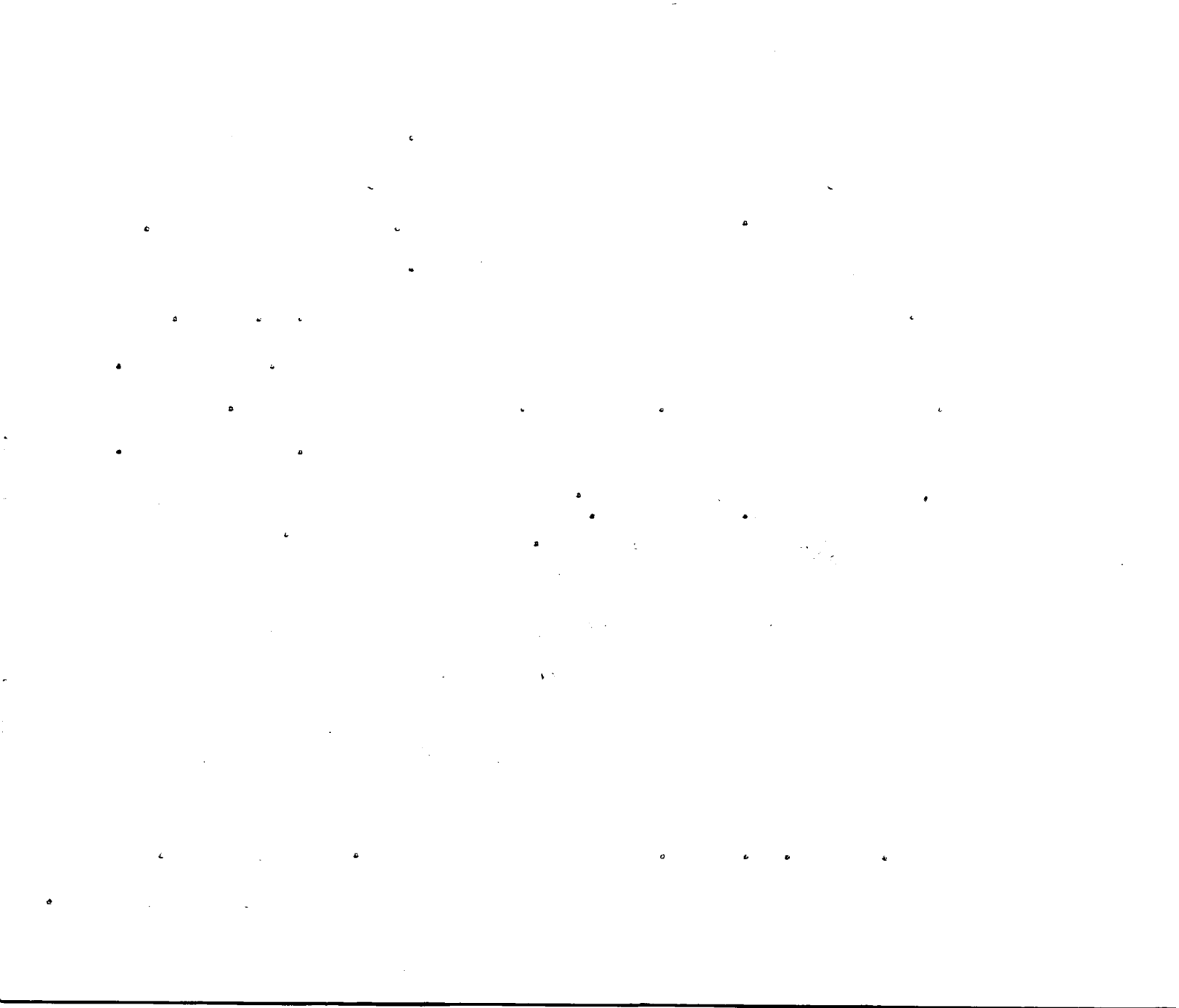
DIVISION OF VITAL

State of Idaho

State File No.

Local Reg. No. 46Reg. Dist. No. 370

1. PLACE OF STILLBIRTH State		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada		a. STATE Idaho	b. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Lukes.		d. STREET ADDRESS (If rural, give location) 911. Roosevelt Street.	
3. CHILD'S NAME (Type or Print) RETA DELORES MILLER.			
4. SEX Female.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 5, 1951.
7. FATHER'S NAME Howard	a. (First)	b. (Middle)	c. (Last) Miller.
8. COLOR OR RACE White.			
9. AGE (At time of this birth) 40. YEARS	10. BIRTHPLACE (State or foreign country) Stillwater, Oklahoma.	11a. USUAL OCCUPATION Automobile Mechanic.	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Aliane	a. (First)	b. (Middle)	c. (Last) Sylvester.
13. COLOR OR RACE White.			
14. AGE (At time of this birth) 31. YEARS	15. BIRTHPLACE (State or foreign country) Guthrie, Oklahoma.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 2	b. How many children were born alive but are now dead? None.
17. INFORMANT Howard Miller.	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Stillborn - Cerebral		
	20b. MATERNAL CAUSES No maternal cause found.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. J. B. Zoch MD	23b. DATE SIGNED Feb 7-1951
23c. ATTENDANT'S ADDRESS Boise, Ida		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	25b. DATE Feb. 7, 1951.	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery.	25d. LOCATION (City, town, or county) (State) Boise, Idaho.
DATE REC'D BY LOCAL REG. 2-14-51	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Chaplin & Summers Summers Funeral Home, Boise, Idaho.	



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FEB 24 1951 CERTIFICATE OF STILLBIRTH

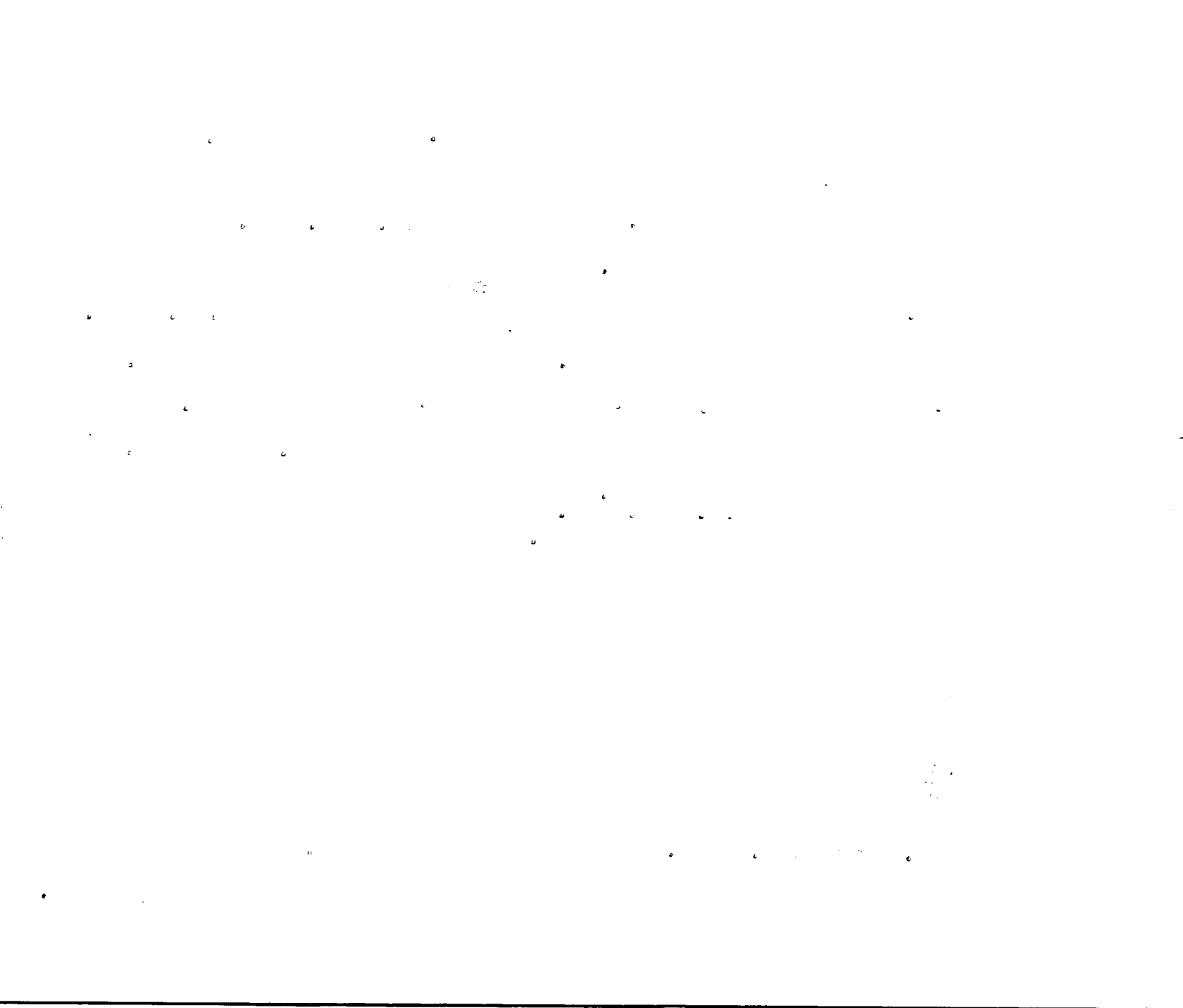
DIVISION OF VITAL

State of Idaho

State File No.

Local Reg. No. 53Reg. Dist. No. 370

1. PLACE OF STILLBIRTH (STATISTICAL)			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <u>Ada</u>			a. STATE <u>Idaho</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>			b. COUNTY <u>Canyon</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middleton</u>		
			d. STREET ADDRESS (If rural, give location) <u>P.O. Box. 148</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Girl Ashby</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February, 6, 1951</u>
7. FATHER'S NAME <u>Chester Tovey Ashby</u>		a. (First)		b. (Middle)	c. (Last)
8. COLOR OR RACE <u>White</u>					
9. AGE (At time of this birth) <u>27</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Garland, Utah</u>		11a. USUAL OCCUPATION <u>Farmer</u>	
				11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
12. MOTHER'S MAIDEN NAME <u>Lovelle</u>		a. (First)		b. (Middle)	c. (Last)
13. COLOR OR RACE <u>White</u>					
14. AGE (At time of this birth) <u>25</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Phoenix Arizona</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
				a. How many children are now living? <u>1</u>	b. How many children were born alive but are now dead? <u>0</u>
17. INFORMANT <u>Chester T. Ashby</u>		P.O. Box. <u>148</u>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none except prob. erythroblastosis</u>			
		20b. MATERNAL CAUSES <u>Rh negative antibody titer elevated</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.			23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Emile Reynolds</u>		23b. DATE SIGNED <u>2-10-51</u>
			23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Alfred E. Summers</u>
			IF NOT attended by physician		TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Feb. 8, 1951</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>	
				25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>	
DATE REC'D BY LOCAL REG. <u>2-20-51</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL HOME ADDRESS <u>Summers Funeral Home, Boise, Idaho</u>	



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DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

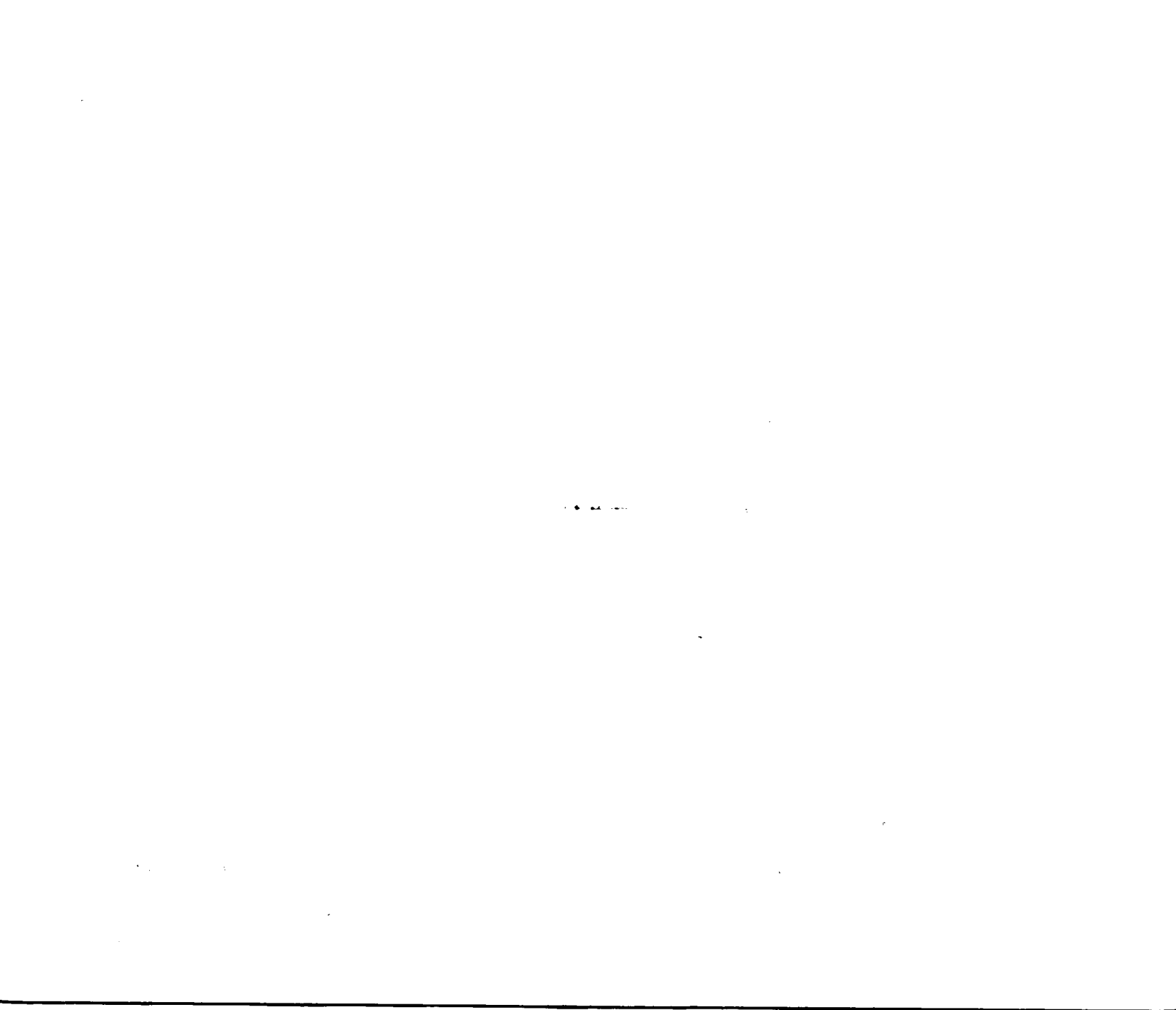
State File No. 120

Local Reg. No. 7

Reg. Dist. No. 410

1. PLACE OF STILLBIRTH a. COUNTY Blaine		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Blaine	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sun Valley Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ketchum Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sun Valley Idaho		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) Baby Jefferson			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 4 1951
7. FATHER'S NAME a. (First) Ray b. (Middle) Oakden c. (Last) Jefferson			8. COLOR OR RACE W
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Salt Lake City Utah	11a. USUAL OCCUPATION Teacher	11b. KIND OF BUSINESS OR INDUSTRY Ketchum School
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Alice c. (Last) Means			13. COLOR OR RACE W
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) St. Joseph Mo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Ray O. Jefferson Father			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity y36.2		
	20b. MATERNAL CAUSES Abruptio placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE John R. Morley MD		23b. DATE SIGNED 2/10/51
	23c. ATTENDANT'S ADDRESS Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Ray Mc Goldrick TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	25b. DATE 2-4-51	25c. NAME OF CEMETERY OR CREMATORY S-V. HOSPITAL	25d. LOCATION (City, town, or county) (State) SUN VALLEY IDAHO
DATE REC'D BY LOCAL REG. Feb. 19-1951	REGISTRAR'S SIGNATURE Robert H. Wright-Jr		26. FUNERAL DIRECTOR Ray Mc Goldrick ADDRESS HAILEY, IDA.

RECEIVED MAY 13 1951 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		(1949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH State of Idaho		State File No. Local Reg. No. <u>28</u> Reg. Dist. No. <u>610</u>	
1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls, Idaho</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> d. STREET ADDRESS (If rural, give location) <u>1065 Ada Street</u>		
3. CHILD'S NAME (Type or Print) <u>BABY BOY STODDARD</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February 2, 1951</u>		
7. FATHER'S NAME a. (First) <u>Harold D. Stoddard</u> b. (Middle) c. (Last)			8. COLOR OR RACE <u>white</u>		
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>St. Anthony RFD#1, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Norma</u> b. (Middle) c. (Last) <u>Goulding</u>			13. COLOR OR RACE <u>white</u>		
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Anthony - Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Harold D. Stoddard</u> <u>Idaho Falls, Idaho</u>					
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cord around Neck</u> 20b. MATERNAL CAUSES <u>no</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cord around neck</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:15 P.m.</u>		23a. ATTENDANT'S SIGNATURE <u>B. B. Blair</u> 23c. ATTENDANT'S ADDRESS <u>1106 S. Blvd, Idaho Falls</u>		23b. DATE SIGNED <u>2-5-51</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>M. L. Hansen</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3 Feb., 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Parker, Idaho</u>	25d. LOCATION (City, town, or county) (State) <u>Parker, Idaho.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 10-1951</u>	REGISTRAR'S SIGNATURE <u>Quinn A. Judges</u>	26. FUNERAL DIRECTOR ADDRESS <u>St. Anthony, Idaho</u>			



13 1951

DIVISION OF VITALS (1949 Revision of Standard Certificate)

STATISTICS CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 000

Local Reg. No. 32

Reg. Dist. No. 6.0

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ririe</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hosnital</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route</u>	
3. CHILD'S NAME (Type or Print) <u>BUCKLAND</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February 10, 1951</u>
7. FATHER'S NAME a. (First) <u>Carl</u> b. (Middle) <u>Lionel</u> c. (Last) <u>Buckland</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>61</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Utah</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Anderson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Heart Butte, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mrs. Mary Buckland, Mother</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH <u>10</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>September, 1950</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Excess in; Hydranionous</u>		
	20b. MATERNAL CAUSES <u>Placental infarction</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Dystonia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarian section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>G. L. Erickson</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>2-12-51</u>
	23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ririe</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	25b. DATE <u>Feb. 10-1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Ririe</u>	25d. LOCATION (City, town, or county) (State) <u>Ririe</u>
DATE REC'D BY LOCAL REG. <u>Feb. 12-1951</u>	REGISTRAR'S SIGNATURE <u>Dwain Budger</u>	26. FUNERAL DIRECTOR <u>None -</u> ADDRESS	

13 1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 DIVISION OF STATISTICS
 State of Idaho

State File No.

Local Reg. No. 44Reg. Dist. No. 61D

1. PLACE OF STILLBIRTH a. COUNTY Bonneville			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville		
b. CITY (If outside corporate limits, write RURAL and give township) OR Idaho Falls TOWN			c. CITY (If outside corporate limits, write RURAL and give township) OR Idaho Falls TOWN		
c. FULL NAME OF HOSPITAL OR INSTITUTION Idaho Falls L.D.S. Hospital			d. STREET ADDRESS (If rural, give location) 203 E. 18th Street		
3. CHILD'S NAME (Type or Print) DOUGLAS ALAN BLAKE					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 12 1951		
7. FATHER'S NAME Paul	a. (First)	b. (Middle) Wilbur	c. (Last) Blake	8. COLOR OR RACE White	
9. AGE (At time of this birth) 48 YEARS	10. BIRTHPLACE (State or foreign country) Orfino, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Construction		
12. MOTHER'S MAIDEN NAME June	a. (First)	b. (Middle) A.	c. (Last) Newman	13. COLOR OR RACE White	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Butte, Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT Paul W. Blake					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date.			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES - Large child			
		20b. MATERNAL CAUSES Elderly primipara - narrow pelvis.			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Harvey A. Huter MD.		23b. DATE SIGNED March 9, 1951	
		23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Idaho Falls, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 15, 1951	25c. NAME OF CEMETERY OR CREMATORY Rose Hill	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho		
DATE REC'D BY LOCAL REG. March 9 - 1951	REGISTRAR'S SIGNATURE Anna Budger	26. FUNERAL DIRECTOR ADDRESS Idaho Falls, Idaho			

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RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 934

Local Reg. No. 26

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon	b. CITY OR TOWN Caldwell	a. STATE Idaho	b. COUNTY Canyon
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) 317 So. 5th St.	
3. CHILD'S NAME (Type or Print) Irvon Lee Cain			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 28 1951
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) William	b. (Middle) Elmo	c. (Last) Cain	white
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Glenns Ferry, Idaho	11a. USUAL OCCUPATION Parts Manager	11b. KIND OF BUSINESS OR INDUSTRY Lodge Motor
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Winifred	b. (Middle) June	c. (Last) Hall	white
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Mackay, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 2	b. How many children were born alive but are now dead? 0
17. INFORMANT St. June Cain Mother		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Thrombosis & hemorrhage of cord. Y36.0	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. D. Simpson M.D.	
23c. ATTENDANT'S ADDRESS Caldwell		23b. DATE SIGNED 28 Feb 1951	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE March 1-1951	
25c. NAME OF CEMETERY OR CREMATORY Canyon Hill		25d. LOCATION (City, town, or county) Caldwell, Idaho	
DATE REC'D BY LOCAL REG. 3-3-51		26. FUNERAL DIRECTOR Peckham-Dakota Funeral Home Caldwell, Idaho	

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(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 325

Local Reg. No. 24

Reg. Dist. No. 322

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Nampa</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Nampa</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>303. Roosevelt apt 4</i>	
3. CHILD'S NAME (Type or Print) <i>Infant Terwilliger</i>			
4. SEX <i>M</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>2 11 1951</i>
7. FATHER'S NAME a. (First) <i>Guy Terwilliger</i>		b. (Middle) c. (Last)	
8. COLOR OR RACE <i>W</i>			
9. AGE (At time of this birth) YEARS		10. BIRTHPLACE (State or foreign country) <i>Nampa Ida</i>	
11a. USUAL OCCUPATION <i>School Teacher</i>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <i>Dianne</i>		b. (Middle) c. (Last)	
13. COLOR OR RACE <i>W</i>			
14. AGE (At time of this birth) YEARS <i>20</i>		15. BIRTHPLACE (State or foreign country) <i>Nampa Ida</i>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
a. How many children are now living? <i>none</i>		b. How many children were born alive but are now dead? <i>none</i>	
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>no</i>			
17. INFORMANT <i>Guy E. Terwilliger Jr.</i>			
18a. LENGTH OF PREGNANCY <i>24</i> WEEKS		18b. WEIGHT AT BIRTH <i>4</i> LBS. <i>2</i> OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Oct 1945</i>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i>	
		20b. MATERNAL CAUSES <i>Placental degeneration</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Dr. Ross M. Marcinson MD</i>	
23b. DATE SIGNED <i>2/16/51</i>		23c. ATTENDANT'S ADDRESS <i>111 W 4th St Nampa</i>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Lyda Rodgers</i>		23e. TITLE <i>Registrar</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>2/13/51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Robberson Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Nampa Idaho</i>	
DATE REC'D BY LOCAL REG. <i>Mar. 1-1951</i>		26. FUNERAL DIRECTOR <i>George H. Walker</i>	
26a. ADDRESS <i>Nampa Idaho</i>			

Dr. Ross M. Marcinson

RECEIVED

CERTIFICATE OF STILLBIRTH

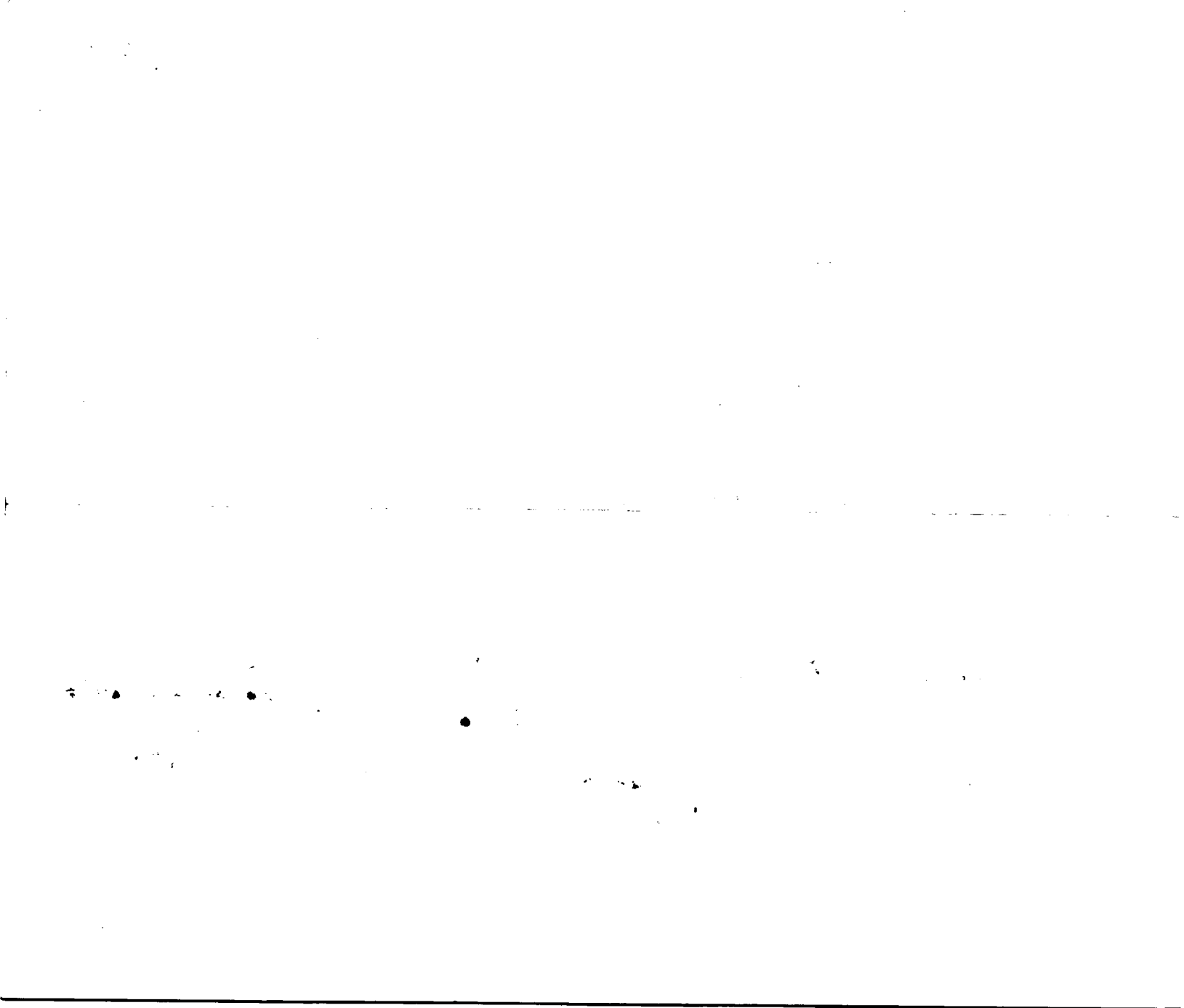
State of Idaho

State File No. 226

Local Reg. No. 22

Reg. Dist. No. 222

1. PLACE OF STILLBIRTH a. COUNTY <u>NezPerce</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Lewiston</u> TOWN c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>NezPerce</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Lewiston</u> TOWN d. STREET ADDRESS (If rural, give location) <u>620 19th Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Wellman</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 24, 1951</u>
7. FATHER'S NAME a. (First) <u>Clare</u> b. (Middle) <u>W.</u> c. (Last) <u>Wellman</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>45</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Office Mgr.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Potlatch Forest Inc.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ora Faye Rawlings</u> b. (Middle) c. (Last)		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>X C. D. Wellman</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>9</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Placental abruption. Section 1st. Baby went into labor but no progress. Ruptured uterus. Caesarian section.</u>		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Ruptured uterus. Caesarian section.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Ruptured uterus.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Ruptured uterus. Caesarian section. Subtotal hysterectomy.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>James G. [Signature]</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>2/26/51</u>	
23c. ATTENDANT'S ADDRESS <u>707 11th St. Idaho.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>H. J. Malcom</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb. 26, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Feb. 27, 1951</u>	REGISTRAR'S SIGNATURE <u>Alvie [Signature]</u>	26. FUNERAL DIRECTOR <u>Brower-Wann, by H. J. Malcom</u> ADDRESS <u>Lewiston, Idaho</u>	



(1949 Revision of Standard Certificate)
**RECEIVED
CERTIFICATE OF STILLBIRTH**

APR 18 1951

State of Idaho

State File No. **027**
Local Reg. No. **118**
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonus Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa d. STREET ADDRESS (If rural, give location) Route #4	
3. CHILD'S NAME (Type or Print) ROBERT D. KUGLER			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 7, 1951
7. FATHER'S NAME a. (First) Chester b. (Middle) Kugler c. (Last) white		8. COLOR OR RACE white	
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) Riverton, Nebr.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Evelyn b. (Middle) Barnhill c. (Last) white		13. COLOR OR RACE white	
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Riverton, Nebr.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Chester Kugler			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 10 - 50 Y36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Asphyxia due to Prolapsed Cord.		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolapse of Cord. Low forceps.		22. STATE ALL OPERATIONS FOR DELIVERY Low forceps.	
23a. ATTENDANT'S SIGNATURE Dr. M. J. Thomas		23b. DATE SIGNED 3-13-51	
23c. ATTENDANT'S ADDRESS 755 Fort St.		24. SIGNATURE OF AUTHORIZED OFFICIAL John J. Alsip TITLE Robinson-Alsip Chapel	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/10/51	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-30-51	REGISTERAR'S SIGNATURE Myrtle Palmer		25e. FUNERAL DIRECTOR ADDRESS John J. Alsip Robinson-Alsip Chapel

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DIVISION OF VITAL

STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 128

Local Reg. No. 64

Reg. Dist. No. 51

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS Star Route			
3. CHILD'S NAME (Type or Print) Baby Boy McGill					
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 3 7 51		
7. FATHER'S NAME a. (First) Alfred		b. (Middle) Lee		c. (Last) McGill	
				8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Bannock Creek, Idaho	11a. USUAL OCCUPATION Farmer		11b. KIND OF BUSINESS OR INDUSTRY Farm	
12. MOTHER'S MAIDEN NAME a. (First) Elaine		b. (Middle) Simitiesy		c. (Last) Indian	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Bannock Creek, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Elaine McGill mother					
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 1 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown y 39.6 20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:52 P.M.		23a. ATTENDANT'S SIGNATURE D. E. Merrill M.D.		23b. DATE SIGNED 3-14-51	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Mar 20, 1951		REGISTRAR'S SIGNATURE Lorraine Jones		25. FUNERAL DIRECTOR ADDRESS	

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DIVISION OF VITAL

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

029

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>312 West Roosevelt</u>			
3. CHILD'S NAME (Type or Print) <u>WENDELL EUGENE CHASE</u>							
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 8, 1951</u>		
7. FATHER'S NAME <u>Wendell</u>		a. (First)		b. (Middle)		c. (Last) <u>Chase</u>	
8. COLOR OR RACE <u>white</u>		9. AGE (At time of this birth) <u>33</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Huston, Idaho</u>		11a. USUAL OCCUPATION <u>Captain, Police</u>	
11b. KIND OF BUSINESS OR INDUSTRY <u>Nampa Police Dept.</u>		12. MOTHER'S MAIDEN NAME <u>Helen</u>		a. (First)		b. (Middle) <u>M.</u>	
13. COLOR OR RACE <u>white</u>		c. (Last) <u>Johnson</u>		14. AGE (At time of this birth) <u>31</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Caldwell, Idaho</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		a. How many children are now living? <u>2</u>		b. How many children were born alive but are now dead?		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Wendell Chase</u>							
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS		18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>9</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity (7 mos)</u>					
		20b. MATERNAL CAUSES <u>Aborted. Placenta</u>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>				22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:30</u> <u>P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>W.B. Ross</u>		(Specify if M.D., midwife, or other)		23b. DATE SIGNED <u>3/14/51</u>	
23c. ATTENDANT'S ADDRESS <u>Nampa Ida</u>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robinson-Alsop Chapel</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>3/12/51</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Nampa, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Lyda Rodgers</u>		26. FUNERAL DIRECTOR <u>Robinson-Alsop Chapel</u>		ADDRESS <u>Nampa, Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 030
Local Reg. No. 18
Reg. Dist. No. 150

1. PLACE OF STILLBIRTH a. COUNTY <u>Fremont</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Anthony</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drummond</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL NEINDORF</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 17, 1951</u>
7. FATHER'S NAME a. (First) <u>Bob Neindorf</u>		b. (Middle)	c. (Last)
9. AGE (At time of this birth) <u>28</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Drummond, Idaho</u>	11a. USUAL OCCUPATION <u>farmer</u>
12. MOTHER'S MAIDEN NAME <u>Joyce Greenhalgh</u>		b. (Middle)	c. (Last)
14. AGE (At time of this birth) <u>19</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>St. Anthony RFD, Idaho</u>	11b. KIND OF BUSINESS OR INDUSTRY
17. INFORMANT <u>Bob Neindorf</u>		Drummond Idaho	13. COLOR OR RACE <u>White</u>
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Nov. 1950</u>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cephalo - pelvic disproportion</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cephalo - pelvic disproportion</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Left Mesio Lateral Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:45 A. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Jo Brunton M.D.</u>	
23b. DATE SIGNED <u>17 March 51</u>		23c. ATTENDANT'S ADDRESS <u>St. Anthony Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Mal Hansen</u>		TITLE <u>REG.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>18 March 51</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Pineview</u>		25d. LOCATION (City, town, or county) (State) <u>Ashton, Idaho.</u>	
DATE REC'D BY LOCAL REG. <u>18 March 51</u>		26. FUNERAL DIRECTOR <u>Mal Hansen</u>	
REGISTRAR'S SIGNATURE <u>Mal Hansen</u>		ADDRESS <u>St. Anthony, Idaho</u>	

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DIVISION OF VITAL STATISTICS
State of Idaho

(1949 Revision of Standard Certificate)

State File No. 131Local Reg. No. 23Reg. Dist. No. 452

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rupert General Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u> d. STREET ADDRESS (If rural, give location) <u>905 B. Street</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>2</u> <u>13</u> <u>51</u>
7. FATHER'S NAME a. (First) <u>Carroll</u> b. (Middle) <u>Myers</u> c. (Last) <u>Elmore</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Physician</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Eleanor</u> b. (Middle) <u>Ten Broeck</u> c. (Last) <u>Howard</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Michigan</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Father</u>			
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u> </u> Approximate date <u>Sept. 1950</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>[2mo Premature (very small placenta)]</u>		
	20b. MATERNAL CAUSES <u>none known</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>H. Kenagy M.D.</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>2-14-51</u>
	23c. ATTENDANT'S ADDRESS <u>Rupert Idaho</u> If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>2-17-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-7-51</u>	REGISTRAR'S SIGNATURE <u>A. H. Moore</u>	26. FEDERAL DIRECTOR ADDRESS <u>Today Goodman Rupert Idaho</u>	

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(1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

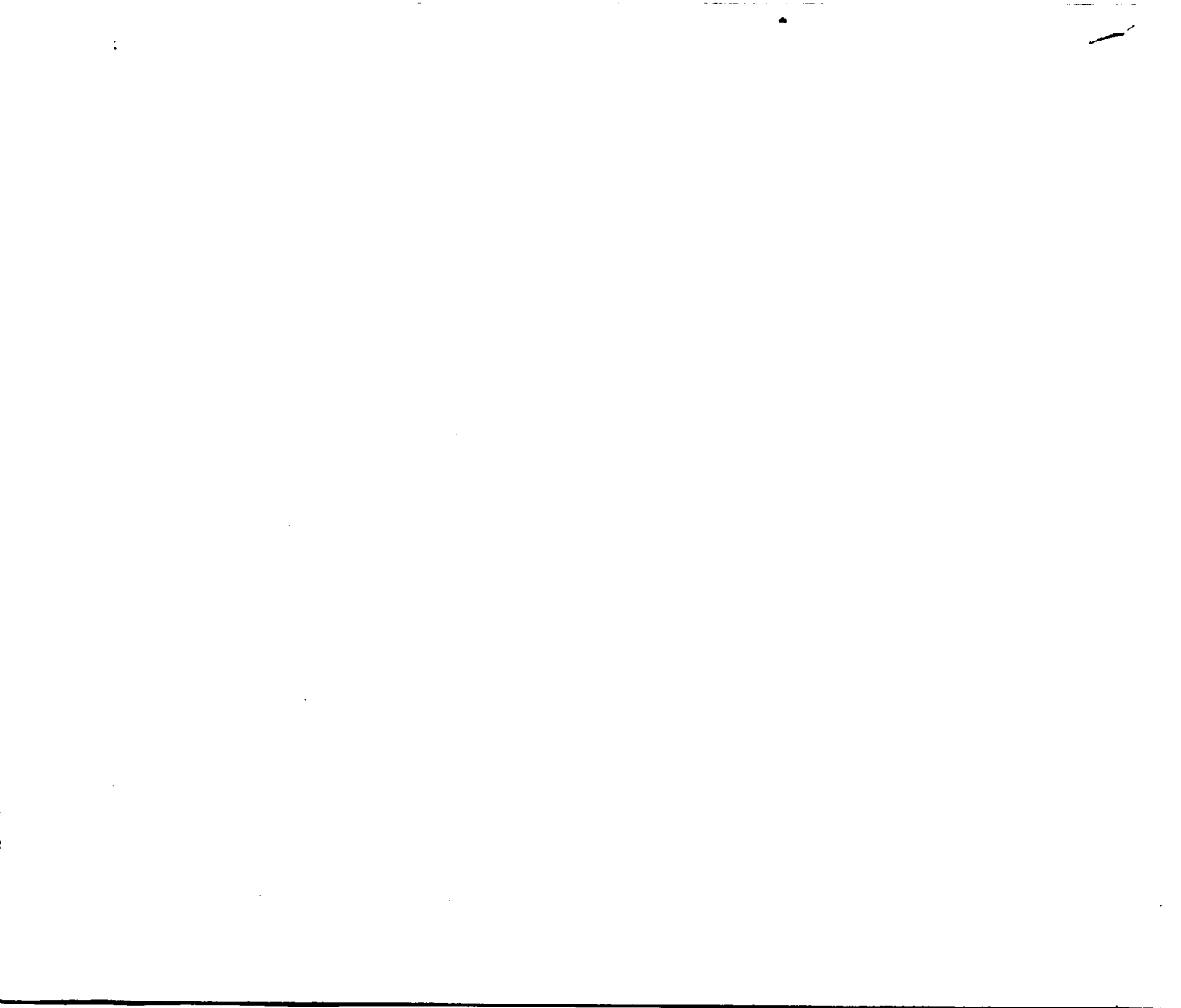
State of Idaho

State File No. 132

Local Reg. No. 17

Reg. Dist. No. 450

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Minidoka</i>		a. STATE <i>Idaho</i>	b. COUNTY <i>Minidoka</i>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rupert</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Paul</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Christensen Nursery</i>		d. STREET ADDRESS (If rural, give location) <i>Route 1</i>	
3. CHILD'S NAME (Type or Print) <i>Wendell McLean Baby</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>March 24 1951</i>
7. FATHER'S NAME	a. (First) <i>Wendell</i>	b. (Middle) <i>Murray</i>	c. (Last) <i>McLean</i>
8. COLOR OF RACE <i>White</i>			
9. AGE (At time of this birth) <i>34</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Fallon Nevada</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) <i>Margaret</i>	b. (Middle) <i>Hunter</i>	c. (Last)
13. COLOR OF RACE <i>White</i>			
14. AGE (At time of this birth) <i>31</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Columbus Ms</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <i>1</i>	b. How many children were born alive but are now dead? <i>0</i>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Wendell M. McLean</i>			
18a. LENGTH OF PREGNANCY WEEKS <i>8</i>	18b. WEIGHT AT BIRTH LBS. <i>8</i> OZS. <i>0</i>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>4/36.0</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Short umbilical cord tightened around infant's neck</i>	
		20b. MATERNAL CAUSES <i>None</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>O. F. Walley M.D.</i>	23b. DATE SIGNED <i>4/2/51</i>
23c. ATTENDANT'S ADDRESS <i>Rupert, Idaho</i>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Wendell M. McLean</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>3-25-51</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Paul Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Paul Idaho</i>
DATE REC'D BY LOCAL REG. <i>4-3-51</i>	REGISTRAR'S SIGNATURE <i>Ed E. Elmore</i>	26. FUNERAL DIRECTOR <i>Rodney S. Goodman</i>	ADDRESS <i>Rupert Idaho</i>



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 033
Local Reg. No. 59
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Nez Perce</u>	
b. CITY OR TOWN <u>Lewiston</u>		c. CITY OR TOWN <u>Lewiston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. J. Joseph's</u>		d. STREET ADDRESS (If rural, give location) <u>1449 - G St</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Kaufman</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3 - 30 - 51</u>
7. FATHER'S NAME a. (First) <u>Raymond Lawrence</u> b. (Middle) <u>Kaufman</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Lewiston, Idaho</u>	11a. USUAL OCCUPATION <u>Grader</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Shirley</u> b. (Middle) <u>Jones</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colton, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Ray Kaufman</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <u>Yes</u> No. <u>No</u> Approximate date <u>36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature separation of placenta</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>0</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Virginia McBride</u>	
23b. DATE SIGNED <u>4-11-51</u>		23c. ATTENDANT'S ADDRESS <u>Lewiston, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Alice Hethken</u>		23e. TITLE <u>U. Vasser - Lewiston, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3-31-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hormal Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-12-51</u>	REGISTRAR'S SIGNATURE <u>Alice Hethken</u>	26. FUNERAL DIRECTOR ADDRESS <u>U. Vasser - Lewiston, Idaho</u>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

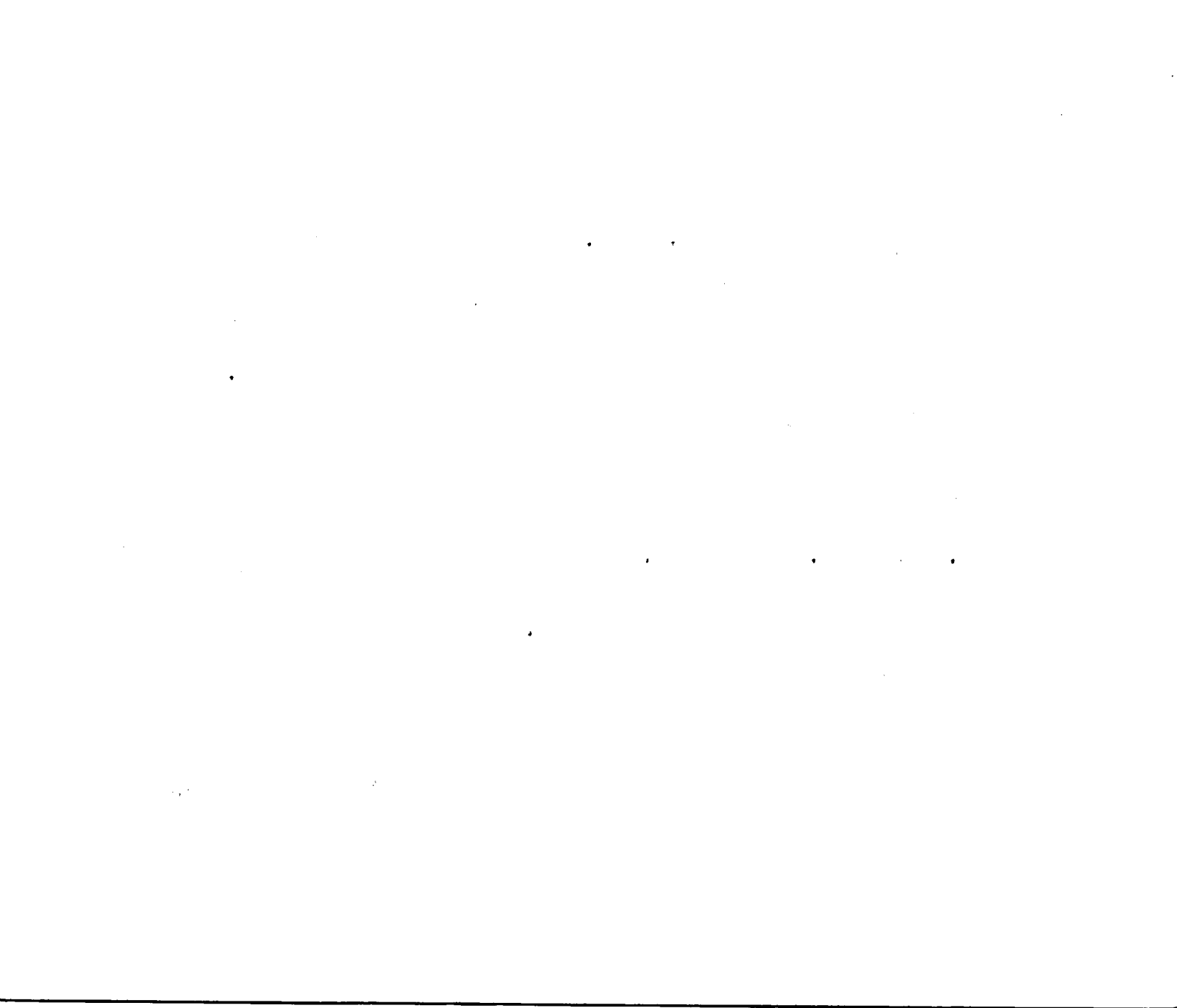
State File No. 34

Local Reg. No. 1

Reg. Dist. No. 460

DIVISION OF VITALS

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY OR TOWN <u>Twin Falls</u>		c. CITY OR TOWN <u>Filer</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Twin Falls Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Starnes</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3 24 51</u>
7. FATHER'S NAME a. (First) <u>Leslie</u> b. (Middle) <u>William</u> c. (Last) <u>Starnes Jr.</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Kansas</u>	11a. USUAL OCCUPATION <u>Farmhand</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) <u>Lucille</u> c. (Last) <u>Hadley</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Texas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mr. Leslie W. Starnes Jr. Father</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH -- LBS. -- OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Maturity - anomaly</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John Anderson M.D.</u>	
		23b. DATE SIGNED <u>2/26/51</u>	
23c. ATTENDANT'S ADDRESS <u>Filer, Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>March 29, 1951</u> <u>Jane Anderson</u>		26. FUNERAL DIRECTOR ADDRESS	



HEC 1351

(1949 Revision of Standard Certificate)

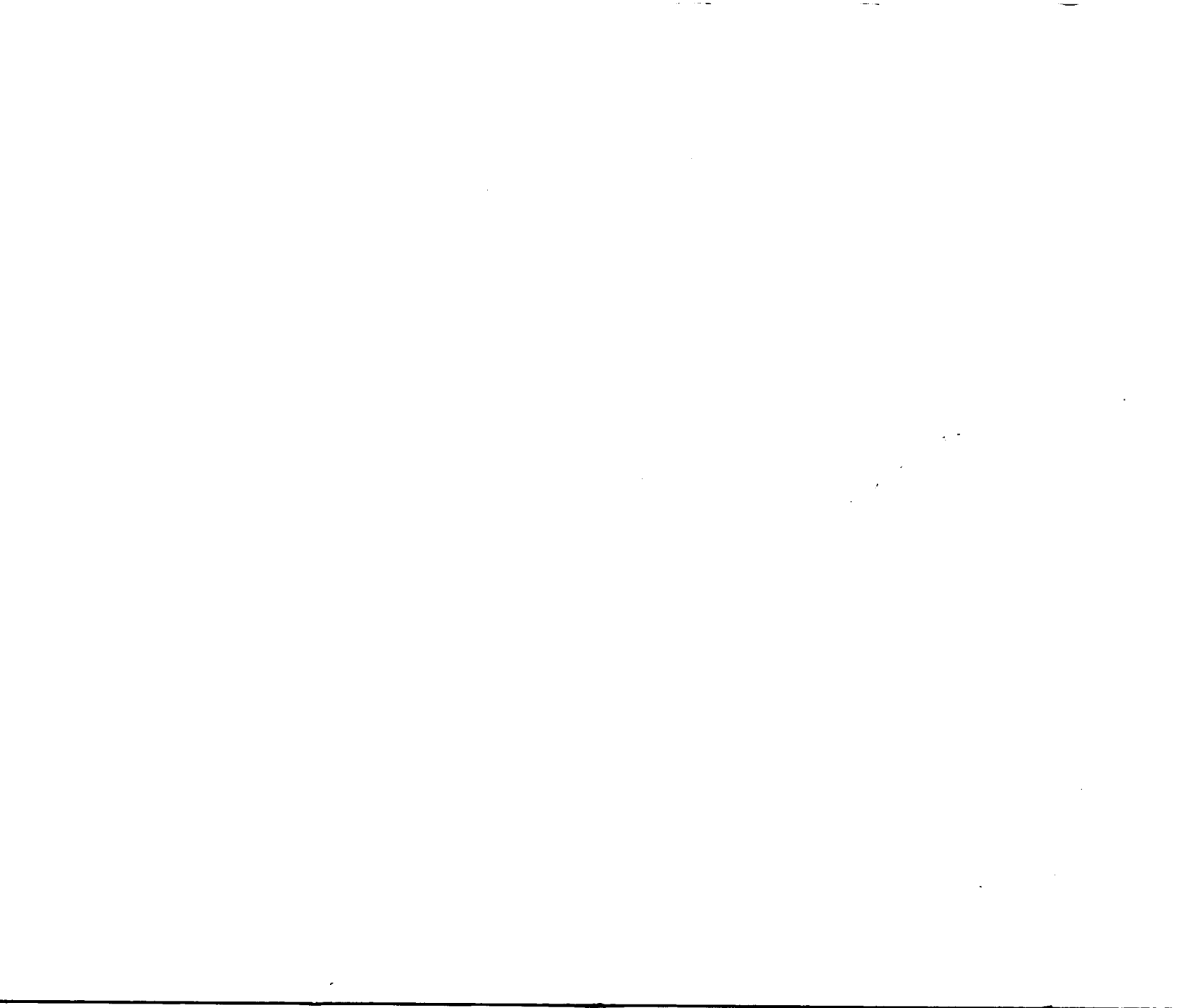
APR 13 1951
DIVISION OF VITALS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No. 035

Local Reg. No. 2

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 172 Filer Ave. West	
3. CHILD'S NAME (Type or Print) Lynette Phillips			
4. SEX ♀	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 26, 1951
7. FATHER'S NAME a. (First) Wayne b. (Middle) S. c. (Last) Phillips		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Buhl, Idaho	11a. USUAL OCCUPATION Meat Cutter	11b. KIND OF BUSINESS OR INDUSTRY Meat Business
12. MOTHER'S MAIDEN NAME a. (First) Frances b. (Middle) Hodge c. (Last) Hodge		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Stillwater, Okla.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? Two	
17. INFORMANT X Wayne S. Phillips			
18a. LENGTH OF PREGNANCY 25 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. X Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cause not known	
		20b. MATERNAL CAUSES Not known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature labor		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Vern H. Anderson, M.D.	
23b. DATE SIGNED Mar 26, 1951		23c. ATTENDANT'S ADDRESS Buhl, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Ross Prather		TITLE Albertson Funeral Home	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE March 28, '51	25c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery	25d. LOCATION (City, town, or county) (State) Buhl Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE April 7, 1951 Jane Anderson		26. FUNERAL DIRECTOR Ross Prather Buhl, Idaho	



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
APR 18 1951
State of Idaho

State File No. **036**
Local Reg. No. **126**
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Horseshoe Bend	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Williams			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 7, 1951
7. FATHER'S NAME a. (First) Lawrence b. (Middle) Cleo c. (Last) Williams		8. COLOR OR RACE White	
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Mill Worker	11b. KIND OF BUSINESS OR INDUSTRY Sawmill
12. MOTHER'S MAIDEN NAME a. (First) Louise b. (Middle) Buchanan c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Missouri	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT x Mrs. A. Carter Horseshoe Bend			
18a. LENGTH OF PREGNANCY Term WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 27, 1950	
20a. FETAL CAUSES Portion of umbilical cord		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) L. Hollingsworth M.D.	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED 4-9-51	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 4-8-51	
25c. NAME OF CEMETERY OR CREMATORY Horseshoe Bend,		25d. LOCATION (City, town, or county) (State) Horseshoe Bend, Idaho	
DATE REC'D BY LOCAL REG. 4-10-51		26. FUNERAL DIRECTOR ADDRESS McBratney-Alden	

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APR 14 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 037

Local Reg. No. 91

Reg. Dist. No. 5-10

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>741 S. Seventh</u>	
3. CHILD'S NAME (Type or Print) <u>CATHERINE WESTON MCINTOSH</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 6, 1951</u>
7. FATHER'S NAME a. (First) <u>CARL</u> b. (Middle) <u>WESTON</u> c. (Last) <u>MCINTOSH</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Redlands Cal.</u>	11a. USUAL OCCUPATION <u>Deanat S.S.C.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>PROFESSOR</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>MARY</u> b. (Middle) <u>CAROL</u> c. (Last) <u>DONNELLY</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Slater Ind.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Carl W. McIntosh</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>Y 36.7</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:20 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>E. J. Roberts M.D.</u>	
		23b. DATE SIGNED <u>4/10/51</u>	
23c. ATTENDANT'S ADDRESS <u>Pocatello Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Byron B. Darnard</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>4-7-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountainview</u>
25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>		26. FUNERAL DIRECTOR ADDRESS <u>Pocatello</u>	
DATE REC'D BY LOCAL REG. <u>APR 13 1951</u>		REGISTRAR'S SIGNATURE <u>Catherine Ann Byron B. Darnard</u>	

APR 14 1951

DIVISION OF VITALS (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 038

Local Reg. No. 88

Reg. Dist. No. 5-10

1. PLACE OF STILLBIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

c. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Bannock

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Pocatello

d. STREET
ADDRESS (If rural, give location)

257 Howard

3. CHILD'S NAME

(Type or Print)

Harvey Murdock

4. SEX

male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLT ☐1ST ☐2ND ☐3RD ☐

5b. IF TWIN OR TRIPLT (This child born)

6. DATE OF STILLBIRTH (Month) (Day) (Year)

4 1 51 2:30 p.

7. FATHER'S NAME

a. (First)

Harvey

b. (Middle)

L.

c. (Last)

Murdock

8. COLOR OR RACE

white

9. AGE (At time of this birth)

25 YEARS

10. BIRTHPLACE (State or foreign country)

Heber City, Utah

11a. USUAL OCCUPATION

Athletic Coach

11b. KIND OF BUSINESS OR INDUSTRY

Pocatello High School

12. MOTHER'S MAIDEN NAME

a. (First)

Carol

b. (Middle)

Jean

c. (Last)

Maughn

13. COLOR OR RACE

white

14. AGE (At time of this birth)

20 YEARS

15. BIRTHPLACE (State or foreign country)

Ogden, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Harvey L. Murdock father

18a. LENGTH OF PREGNANCY

22 WEEKS

18b. WEIGHT AT BIRTH

2 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
Prematurity

y 39.5

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Continuous loss of Amniotic Fluid.

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 p. m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

George J. Cox M.D.

23b. DATE SIGNED

4/4/51

23c. ATTENDANT'S ADDRESS

Pocatello, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

25b. DATE

4-1-51

25c. NAME OF CEMETERY OR CREMATORY

Heber City

25d. LOCATION (City, town, or county)

Heber City Utah

(State)

DATE REC'D BY LOCAL REG.

APR 13 1951

REGISTRAR'S SIGNATURE

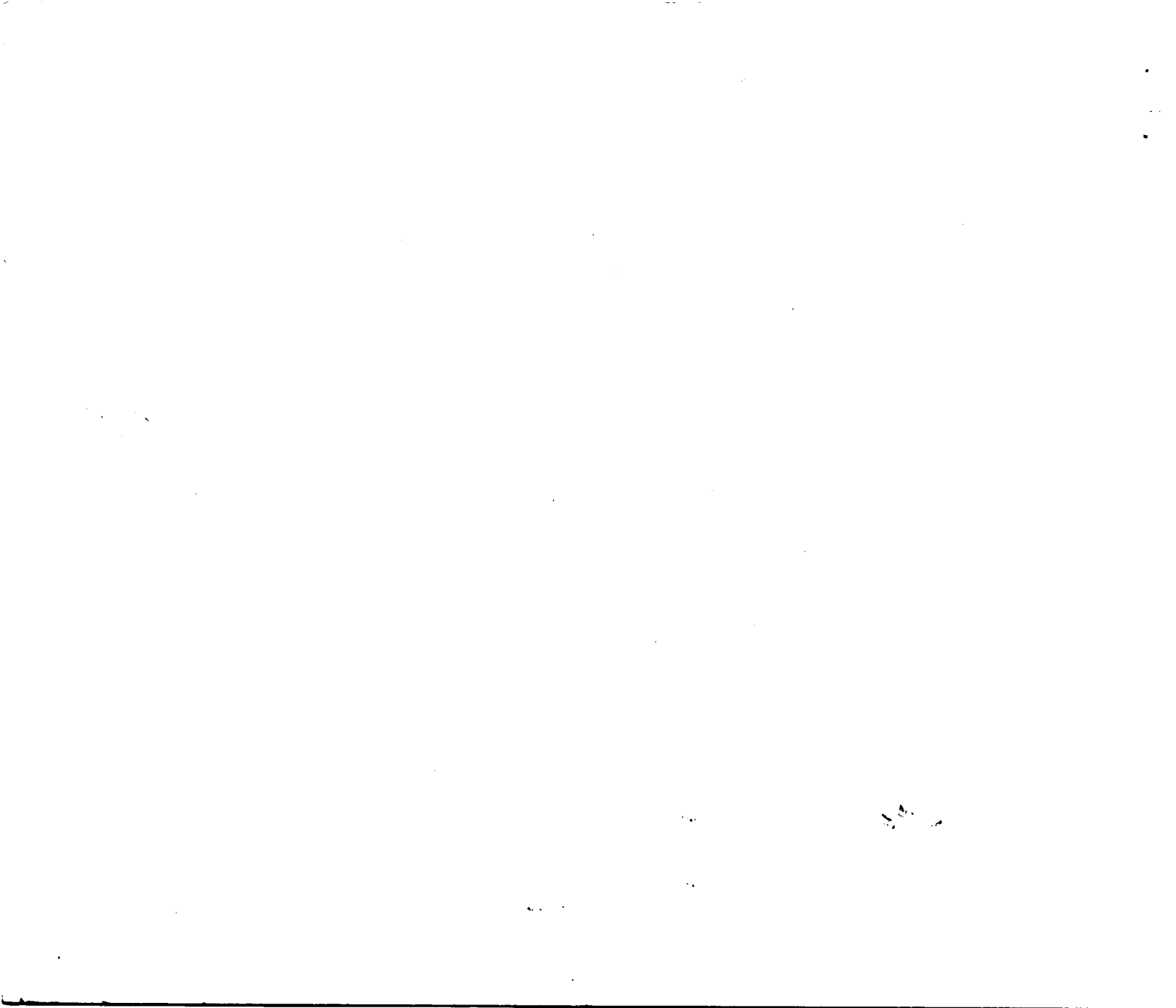
Fatherine Ann

26. FUNERAL DIRECTOR

Byron B. Dawson

ADDRESS

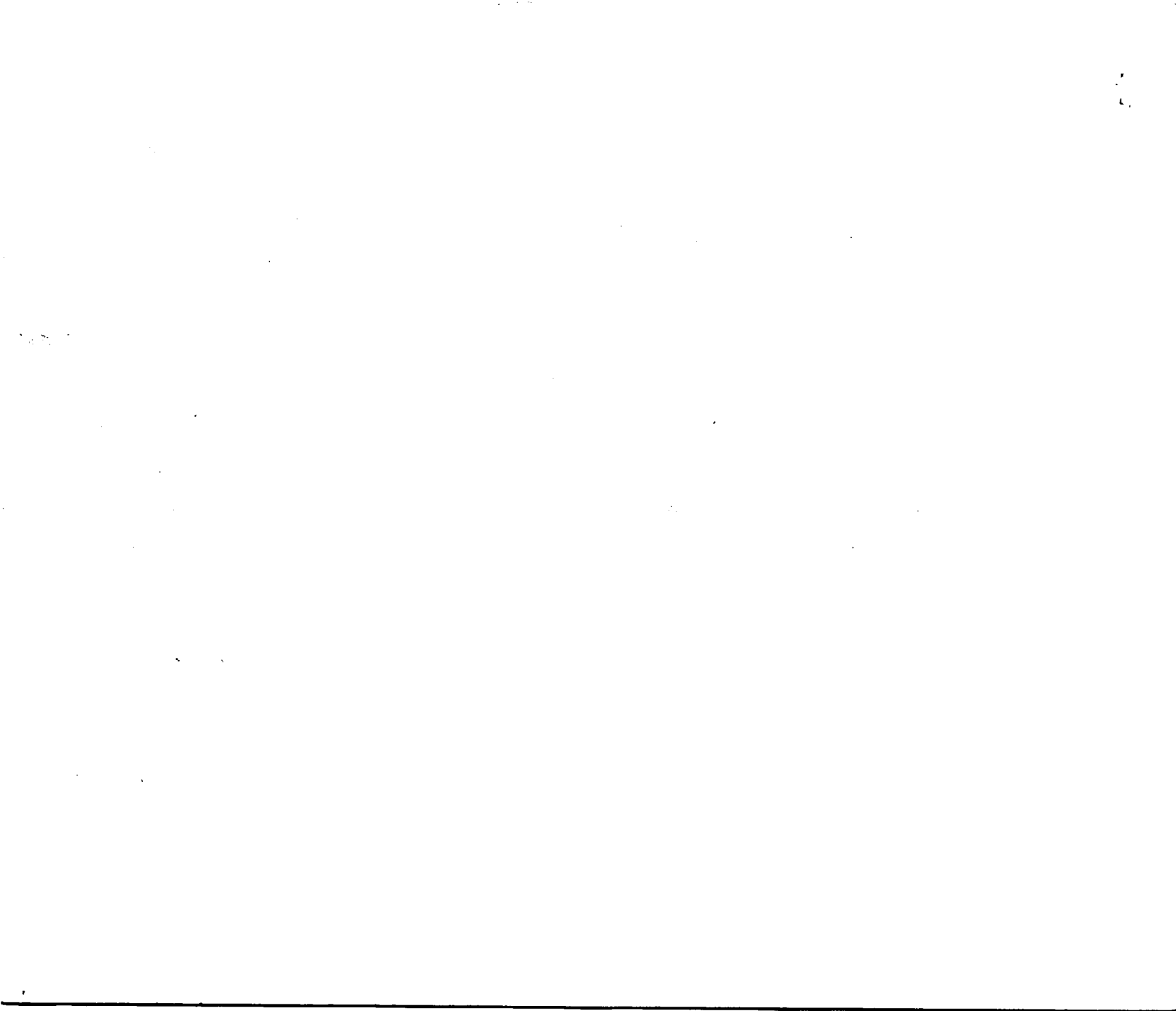
Pocatello Id.



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ADD 21 1951
Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

889
State File No.
Local Reg. No. 99
Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 1231 North Garfield	
3. CHILD'S NAME (Type or Print) Baby Boy Nielsen			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 1 51 5:35p.m.
7. FATHER'S NAME a. (First) Douglas b. (Middle) K. c. (Last) Nielsen		8. COLOR OR RACE white	
9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) Weston, Idaho	11a. USUAL OCCUPATION Barber	11b. KIND OF BUSINESS OR INDUSTRY Nielsen's Barber Shop
12. MOTHER'S MAIDEN NAME a. (First) Wanda b. (Middle) Vivian c. (Last) Peacock		13. COLOR OR RACE white	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Briggs, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Douglas K. Nielsen Father			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 7 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.1	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Essential displacement of cord in Placenta		20a. FETAL CAUSES Marginal Placenta Previa	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Marginal Placenta Previa Rupture of membranes		22. STATE ALL OPERATIONS FOR DELIVERY Delivery by cesarean section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:35 p.m.		23a. ATTENDANT'S SIGNATURE Ralph B. Hegsted M.D.	23b. DATE SIGNED 4-11-51
23c. ATTENDANT'S ADDRESS Pocatello Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Katherine Lee TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Buried	25b. DATE 4-2-51	25c. NAME OF CEMETERY OR CREMATORY Mountain View	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. APR 20 1951	REGISTRAR'S SIGNATURE Katherine Lee	26. FUNERAL DIRECTOR Wm. H. Hall	ADDRESS Pocatello Idaho



RECEIVED

MAY 9 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 640

Local Reg. No. 27

Reg. Dist. No. 37

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) Fort Hall, Idaho	
3. CHILD'S NAME (Type or Print) Baby girl Wahtomy			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 29 51
7. FATHER'S NAME a. (First) Lawrence b. (Middle) c. (Last) Wahtomy		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	11a. USUAL OCCUPATION Deceased	11b. KIND OF BUSINESS OR INDUSTRY Deceased
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) c. (Last) Quagigant		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mary Wahtomy mother			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES unknown	
		20b. MATERNAL CAUSES unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR unknown for pregnancy - nonfatal		22. STATE ALL OPERATIONS FOR DELIVERY normal	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:49 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Clark Parker M.D.	
23b. DATE SIGNED 2 May 51		24. SIGNATURE OF AUTHORIZED OFFICIAL Lorraine Auer	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	25c. NAME OF CEMETERY OR CREMATORY
		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. May 8 1951		26. FUNERAL DIRECTOR ADDRESS	

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
APR 21 1951

State File No. 041
Local Reg. No. 28
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moreland, Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial		d. STREET ADDRESS Box 74 rural, give location)	
3. CHILD'S NAME (Type or Print) Girl # 1 Harris (1:07 A.M.)			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 8, 1951
7. FATHER'S NAME a. (First) Norman b. (Middle) Davis c. (Last) Harris		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Tyhee, Idaho	11a. USUAL OCCUPATION Dairy Farmer	11b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer
12. MOTHER'S MAIDEN NAME a. (First) Dona b. (Middle) Lue c. (Last) Merrill		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Trenton, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? One c. How many OTHER children were still born (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs. Norman D. Harris Mother			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH Mastered LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9-10-50 Y39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES not known - died in uterus 20b. MATERNAL CAUSES not known		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:07 A.M.		23a. ATTENDANT'S SIGNATURE Donna L. Merrill (Specify if M. D., midwife, or other)	23b. DATE SIGNED 4-9-51
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Donna J. Ryan R.N. - Sup of Nurses If NOT attended by physician	TITLE Blackfoot, Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE April 9, 1951	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial	25d. LOCATION (City, town, or county) (State) Hospital Blackfoot, Idaho
DATE REC'D BY LOCAL REG. Apr 10 1951	REGISTRAR'S SIGNATURE Mrs. Helen E. Farris	26. FUNERAL DIRECTOR Donna J. Ryan R.N. - Sup of Nurses ADDRESS Blackfoot, Idaho	

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No 266

RECEIVED (1949 Revision of Standard Certificate)
APR 21 1951
CERTIFICATE OF STILLBIRTH
State of Idaho
DIVISION OF VITAL

State File No. 062
Local Reg. No. 17
Reg. Dist. No. 60-1

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moreland, Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial		d. STREET ADDRESS (If rural, give location) Box 74	

3. CHILD'S NAME
(Type or Print) **Baby Girl #2 Harris** (1:08 A.M.)

4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 8, 1951
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7. FATHER'S NAME a. (First) Norman b. (Middle) Davis c. (Last) Harris	8. COLOR OR RACE White
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9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Tyhee, Idaho	11a. USUAL OCCUPATION Dairy, Farmer	11b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer
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12. MOTHER'S MAIDEN NAME a. (First) Dona b. (Middle) Lue c. (Last) Merrill	13. COLOR OR RACE White
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14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Trenton, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One
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17. INFORMANT Mrs. Norman D. Harris Mother	18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH Macerated LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 10, 1951
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18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH Macerated LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 10, 1951	37.6
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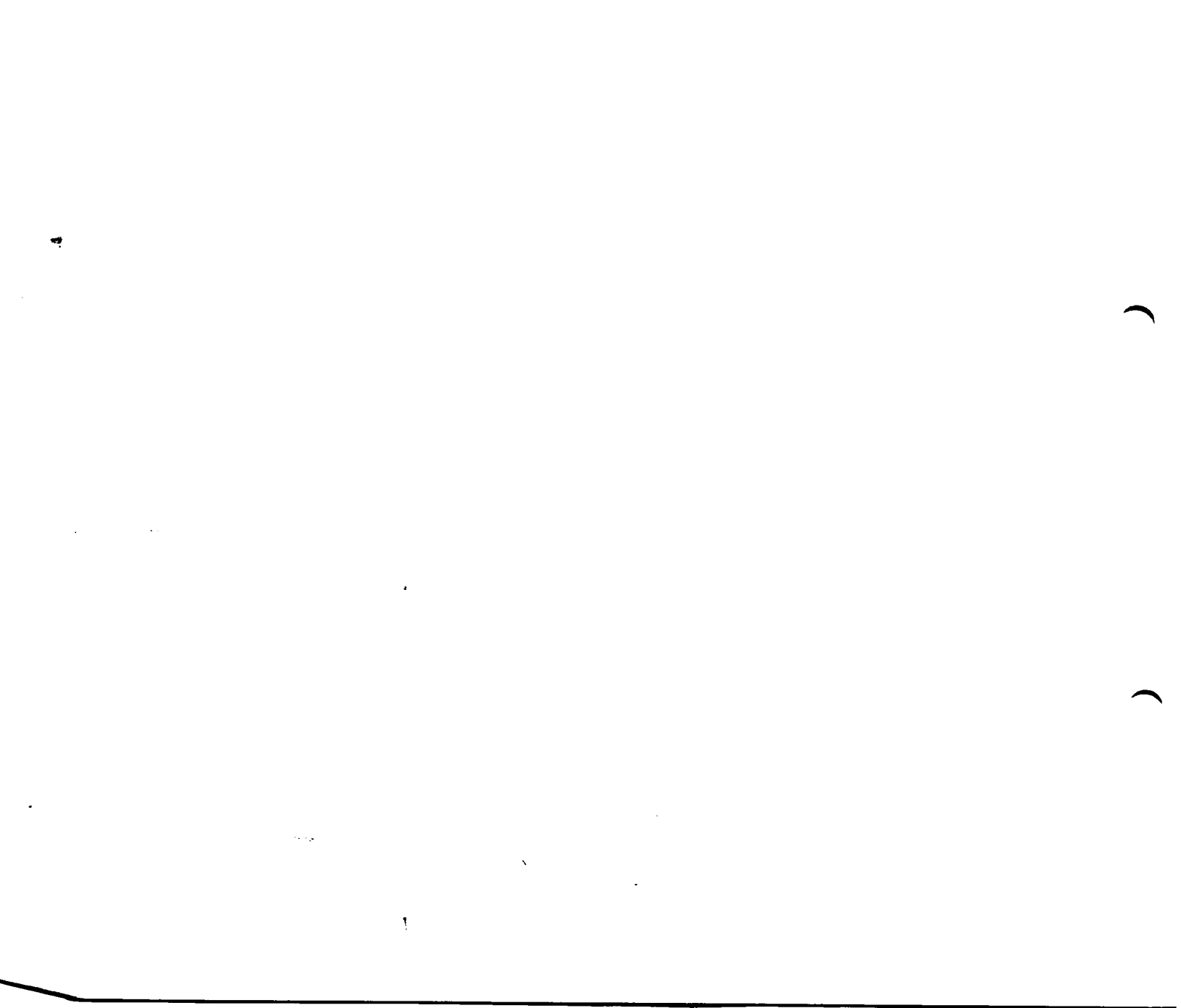
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Not Known	20a. FETAL CAUSES Not Known	20b. MATERNAL CAUSES Not Known
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY None
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:08 A.M. m.	23a. ATTENDANT'S SIGNATURE James E. Palmer (Specify if M. D., midwife, or other)	23b. DATE SIGNED 4-9-51
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Barry J. Ryan R.N. Sup't of Health TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE April 9, 1951	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
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DATE REC'D BY LOCAL REG. Apr 10 - 1951	REGISTRAR'S SIGNATURE Mrs. Helen E. Palmer	26. FUNERAL DIRECTOR B. J. Ryan ADDRESS Blackfoot, Idaho
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(1949 Revision of Standard Certificate)
RECEIVED CERTIFICATE OF STILLBIRTH
APR 21 1951
State of Idaho

State File No. 043
Local Reg. No. 68
Reg. Dist. No. 60-2

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Blackfoot</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Inouye</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 14, 1951</u>
7. FATHER'S NAME a. (First) <u>Tsugio</u> b. (Middle) c. (Last) <u>Inouye</u>		8. COLOR OR RACE <u>JAPANESE</u>	
9. AGE (At time of this birth) <u>49</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>JAPAN</u>	11a. USUAL OCCUPATION <u>FARMER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>ON FARM</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>UMENO</u> b. (Middle) c. (Last) <u>MATSUNAGA</u>		13. COLOR OR RACE <u>JAPANESE</u>	
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>HAWAII</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Tsugio Inouye</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u>	
		20b. MATERNAL CAUSES <u>Premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See 20 B</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Kenneth C. Montane M.D.</u>	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS	
		If NOT attended by physician	
		24. SIGNATURE OF AUTHORIZED OFFICIAL	
		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>Apr. 15, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rexburg Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rexburg, Madison, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Apr. 15 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Helen E. Talley</u>	26. FUNERAL DIRECTOR <u>Howard Packham</u>	ADDRESS <u>Blackfoot, Idaho</u>



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 044

Local Reg. No. 64

Reg. Dist. No. 602

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial		d. STREET ADDRESS (If rural, give location) Route #2	
3. CHILD'S NAME (Type or Print) Willard L. Lewis			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 23, 1951
7. FATHER'S NAME a. (First) Leo b. (Middle) Verland c. (Last) Lewis		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Arora, Utah	11a. USUAL OCCUPATION Tractor Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Tractor Mechanic
12. MOTHER'S MAIDEN NAME a. (First) Nila b. (Middle) Alone c. (Last) Gooch		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Three b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Mrs. Nila L. Lewis Mother			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH LBS. 36.0 OZS. 0	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prolonged of cord Premature ruptured membranes - 3rd Mo.	
20b. MATERNAL CAUSES 0			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolonged of cord		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:24 P.M.		23a. ATTENDANT'S SIGNATURE Kenneth A. Moore M.D.	23b. DATE SIGNED 24 Apr '51
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL CREMATION REMOVAL (Specify) Burial	25b. DATE April 24, 1951	25c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas	25d. LOCATION (City, town, or county) (State) Riverside-Thomas, Idaho
DATE REC'D BY LOCAL REG. Apr 26 1951	REGISTRAR'S SIGNATURE Mrs. Helen E. Ramirez	26. FUNERAL DIRECTOR John C. Sandberg	ADDRESS Blackfoot, Idaho

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MAY 12 1950

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

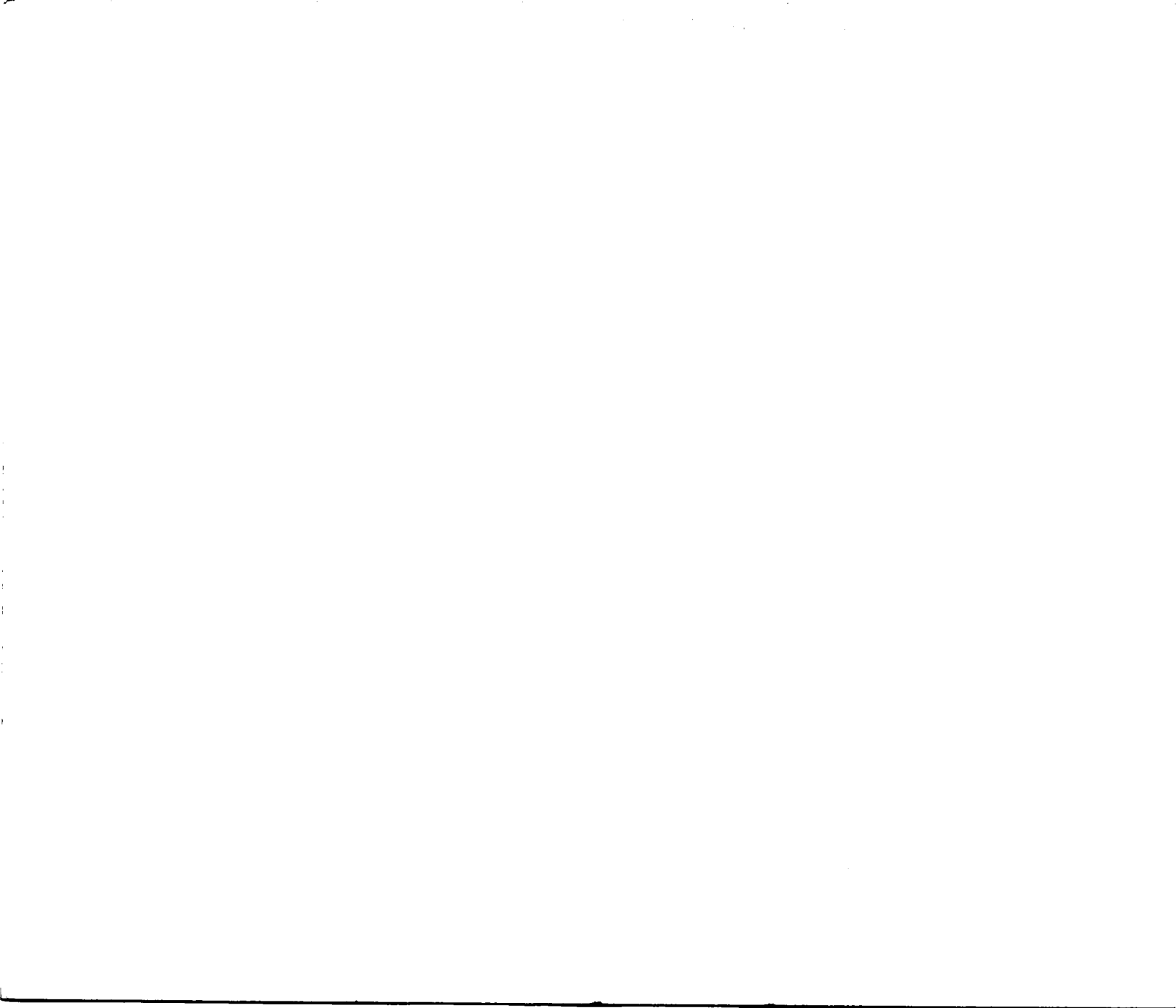
State of Idaho

State File No.

Local Reg. No. 66

Reg. Dist. No. 61D

1. PLACE OF STILLBIRTH. a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where mother lives) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Idaho Falls</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Idaho Falls</u> TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.H. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2118 West 14th Street</u>	
3. CHILD'S NAME (Type or Print) <u>Luther Ervin Likes</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 11, 1951</u>
7. FATHER'S NAME a. (First) <u>Ray E. Likes</u> b. (Middle) c. (Last)		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls</u>	11a. USUAL OCCUPATION <u>Hay Labour</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lois Ann</u> b. (Middle) <u>Abtner</u> c. (Last)		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Ray E. Likes</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>30.2</u>	
		20b. MATERNAL CAUSES <u>Mother a severe diabetic</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Milton T. Rees M.D.</u> 23c. ATTENDANT'S ADDRESS <u>148 N. Corner Idaho Falls</u> If NOT attended by physician	
		23b. DATE SIGNED <u>2-2-51</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>4/2/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 9-1951</u>		26. FUNERAL DIRECTOR ADDRESS <u>Jack G. Wood, Idaho Falls, Idaho</u>	



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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAY 12 1950

(1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

STATISTICS

State of Idaho

State File No. 046

Local Reg. No. 20

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where the mother lived) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Idaho Falls</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural</u> TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L. U. S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Idaho Falls Rt #1</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Lott</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 19, 1951</u>
7. FATHER'S NAME a. (First) <u>Clyde</u> b. (Middle) <u>Le Roy</u> c. (Last) <u>Lott</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Union, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Sherry</u> b. (Middle) <u>Goodman</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>-</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>-</u>	
17. INFORMANT <u>Clyde L. Lott</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u>-</u> Approximate date <u>39.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity - 6 mos. gestation</u>		
	20b. MATERNAL CAUSES <u>Age - (youth)</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>NO</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Normal - Spontaneous</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>C. L. Erickson m. D.</u>		23b. DATE SIGNED <u>3-23-51</u>
	23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jack A. Waver</u>
25a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/20/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	25d. LOCATION (City, town, or county) (State) <u>Lincoln, Bonneville, Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 9-1951</u>	REGISTRAR'S SIGNATURE <u>Anna Bridger</u>	26. FUNERAL DIRECTOR ADDRESS <u>Idaho Falls, Idaho</u>	

Extra

RECERTIFICATE OF STILLBIRTH

MAY 12 1950

State of Idaho

State File No. 647

Local Reg. No. 63

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Idaho Falls L. D. S. Hosp.		d. STREET ADDRESS (If rural, give location) 800 E. College St.	
3. CHILD'S NAME (Type or Print) Infant Smith			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 24 1951
7. FATHER'S NAME a. (First) Grant	b. (Middle) F.	c. (Last) Smith	8. COLOR OR RACE White
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	11a. USUAL OCCUPATION Engineer, Highway	11b. KIND OF BUSINESS OR INDUSTRY State Dept. of Highways
12. MOTHER'S MAIDEN NAME a. (First) Maxine	b. (Middle) Wilma	c. (Last) Blakely	13. COLOR OR RACE White
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Heise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Orland F. Smith</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Pre-maturity (Breech Delivery Y 36.0)</i> 20b. MATERNAL CAUSES <i>(Cord around neck 4 times)</i> <i>(Dead 3 weeks before birth)</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Cord around neck 4 times</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Low forceps on after coming head.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <i>Joseph M. Hatch M.D.</i>	
23b. DATE SIGNED <i>5 April 51</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Orland F. Smith</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Mar. 24, 1951	25c. NAME OF CEMETERY OR CREMATORY Rose Hill	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. <i>April 12-1951</i>	REGISTRAR'S SIGNATURE <i>Orland F. Smith</i>	26. FUNERAL DIRECTOR <i>Orland F. Smith</i> ADDRESS Idaho Falls, Idaho	

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CERTIFICATE OF STILLBIRTH

State of Idaho

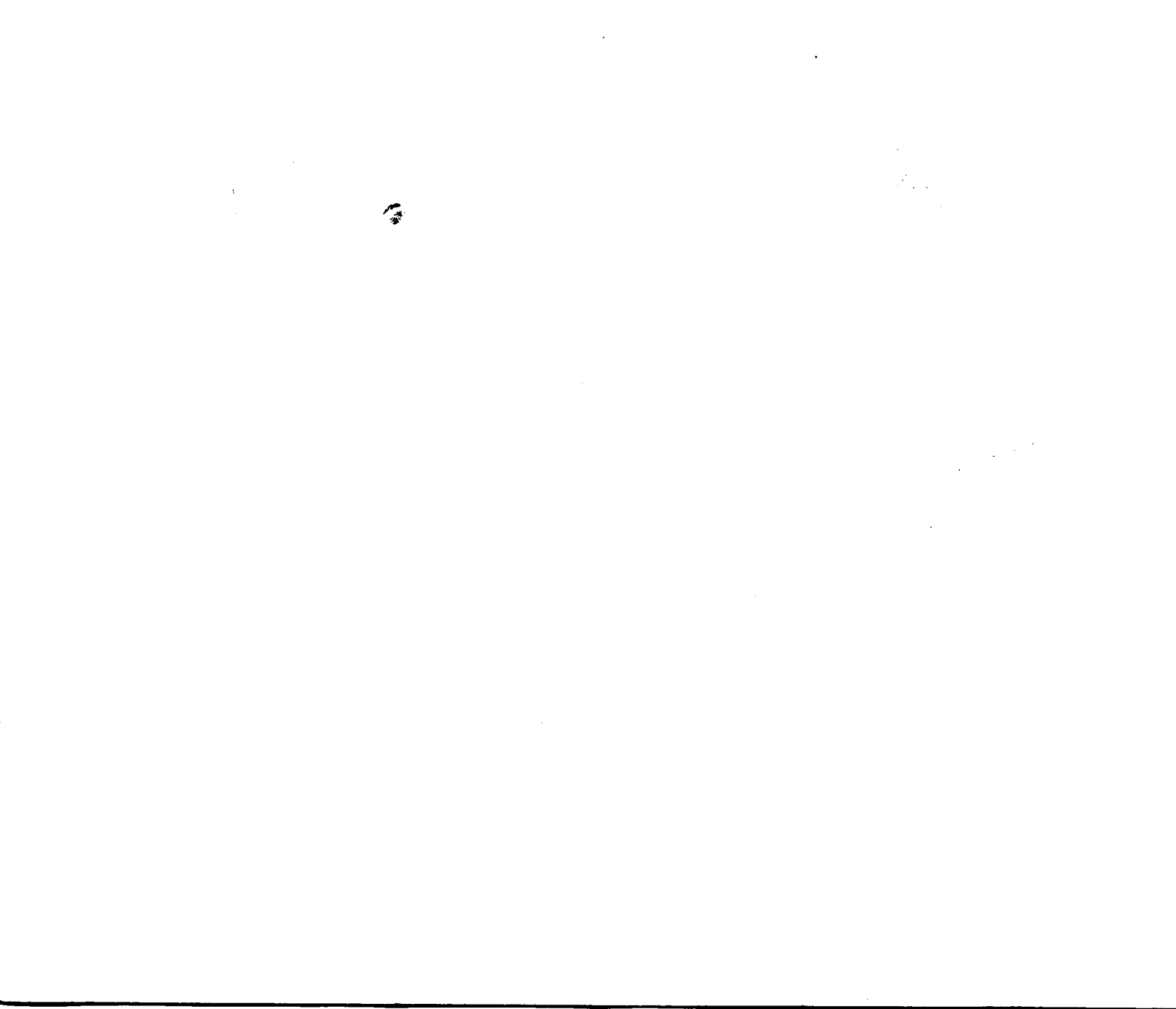
State File No. 048

Local Reg. No. 43

Reg. Dist. No. 960

DIVISION OF VITA

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon	b. CITY (If outside corporate limits, write RURAL and give township) Caldwell	a. STATE Idaho	b. COUNTY Canyon
3. CHILD'S NAME (Type or Print) Baby Girl Johnson		4. SEX Female	
5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 3 1951	
7. FATHER'S NAME a. (First) Russell	b. (Middle) Clifford	c. (Last) Johnson	8. COLOR OR RACE white
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Nez Perce, Idaho	11a. USUAL OCCUPATION FARMER	11b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS
12. MOTHER'S MAIDEN NAME a. (First) Margaret	b. (Middle) Mary	c. (Last) George	13. COLOR OR RACE white
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Lewiston, Ida	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Russell L. Johnson			
18a. LENGTH OF PREGNANCY WEEKS 4	18b. WEIGHT AT BIRTH LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) S. D. Singer M. D.	
23b. DATE SIGNED 18 Apr 51		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL C. V. Peckham		TITLE Peckham-Barnes Chapel Caldwell, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 4-1951	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 4-7-51	REGISTRAR'S SIGNATURE Agnes M. Menman	26. FUNERAL DIRECTOR C. V. Peckham	



DIVISION OF CERTIFICATE OF STILLBIRTH

STATE

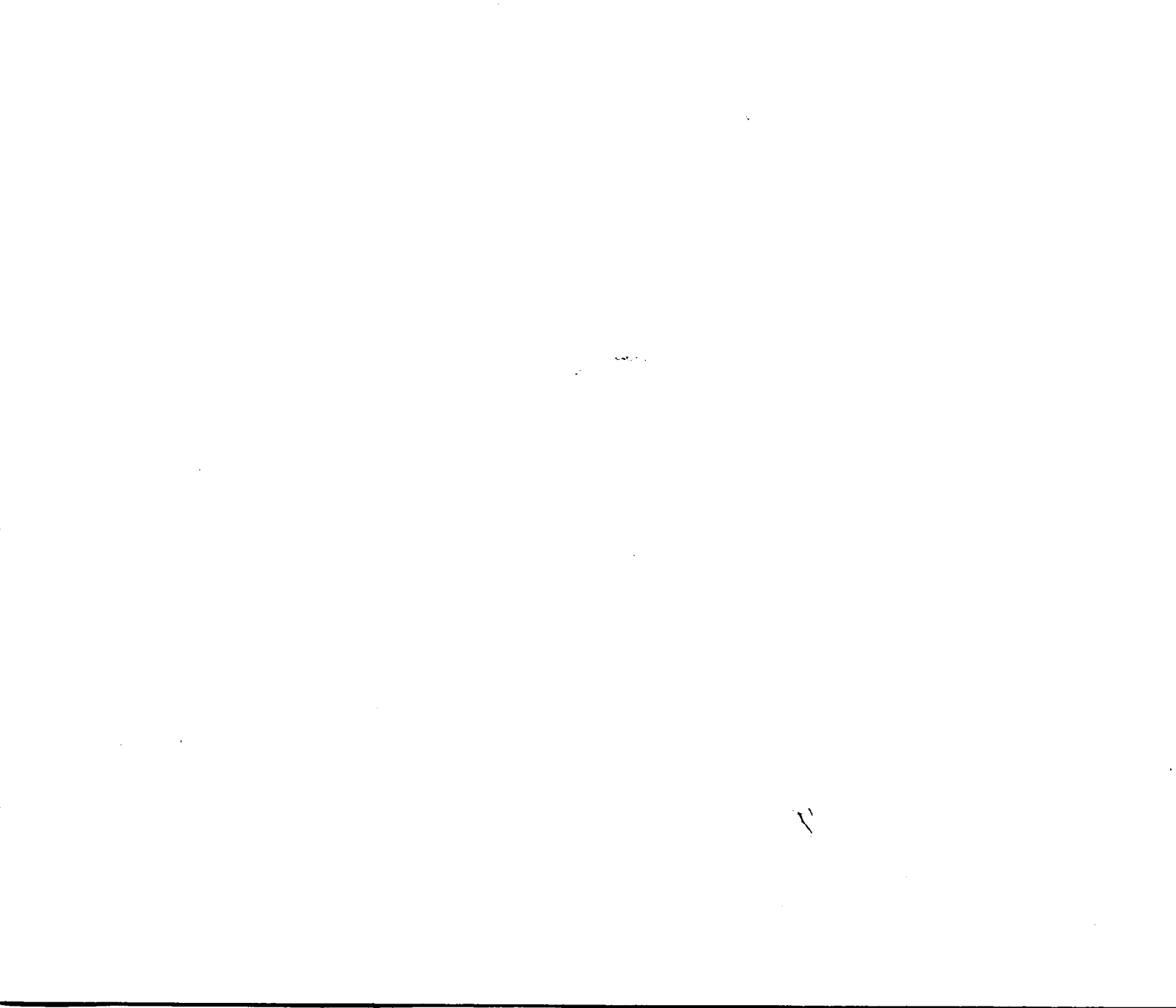
State of Idaho

State File No. 040

Local Reg. No. 57

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon		a. STATE Idaho	b. COUNTY Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR Caldwell Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR Caldwell	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Caldwell Memorial Hosp.		d. STREET ADDRESS (If rural, give location) Box 21	
3. CHILD'S NAME (Type or Print) Linda Joy Ernest			
4. SEX F.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 8, 1951
7. FATHER'S NAME a. (First) Alvin	b. (Middle) Wayne	c. (Last) Ernest	8. COLOR OR RACE W.
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Trinidad Colo.	11a. USUAL OCCUPATION Soldier	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Caladys	b. (Middle) Nora	c. (Last) CATT.	13. COLOR OR RACE W.
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Stillwater OKla	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 0	b. How many children were born alive but are now dead? 0
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <input checked="" type="checkbox"/> Mrs Florence E. Catt			
18a. LENGTH OF PREGNANCY 2 1/2 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Y 39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Large parotid tumor - prematurity		
	20b. MATERNAL CAUSES none		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hypertension		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE E. D. Dittler M.D.	23b. DATE SIGNED 4-19-51
23c. ATTENDANT'S ADDRESS Caldwell		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 11-1951	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 4-21-51	REGISTRAR'S SIGNATURE Agnes M. Denman	26. FUNERAL DIRECTOR Peckham Dakota Address Caldwell, Idaho	



21 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

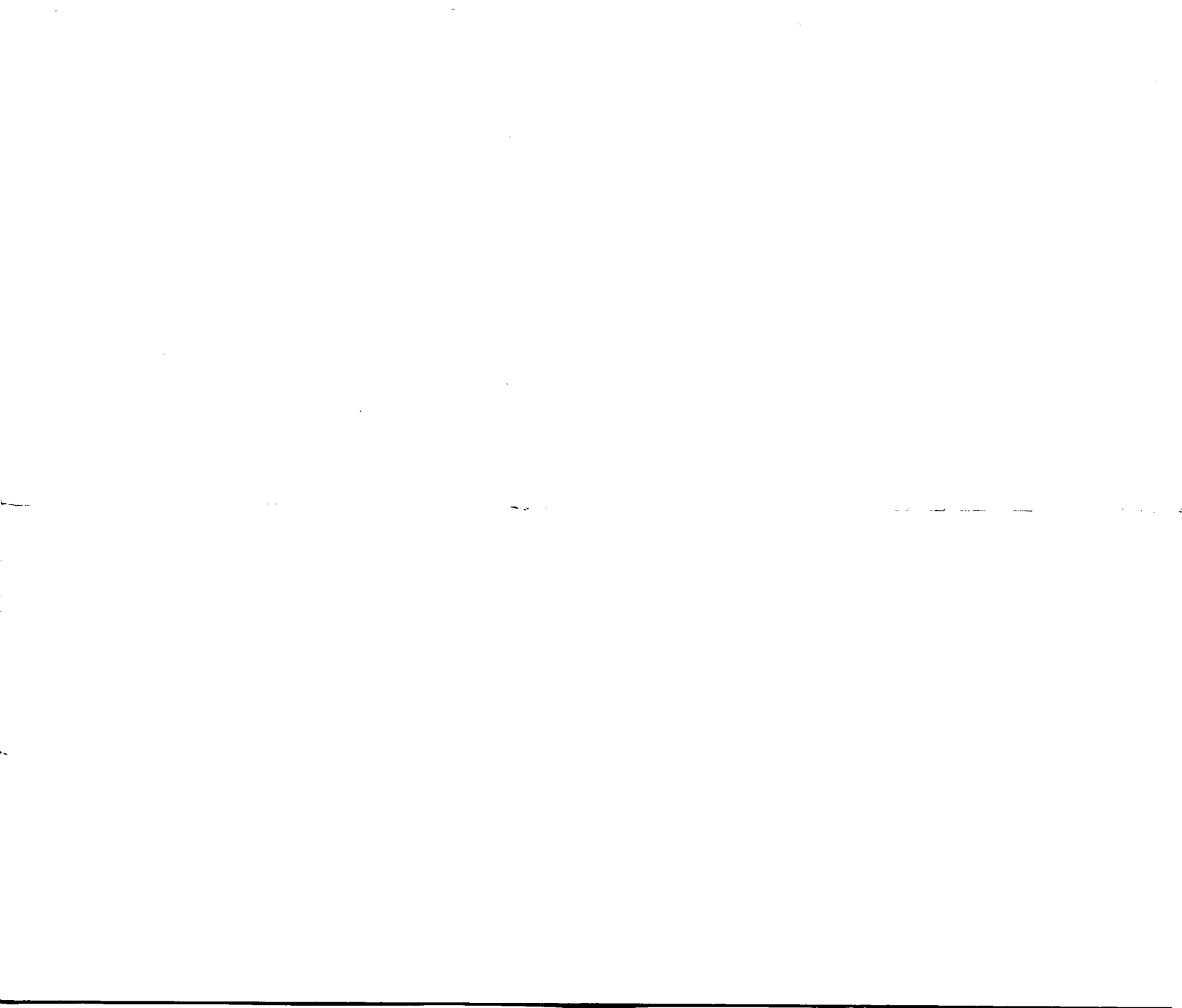
State of Idaho

State File No. 050

Local Reg. No. 9

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Overhypee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamedale</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Madison Hosp</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>Allen Brent Hardy</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>9</u> <u>51</u>
7. FATHER'S NAME a. (First) <u>Brent</u> b. (Middle) <u>Martin</u> c. (Last) <u>Hardy</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>18</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Mesquite Nevada</u>	
11a. USUAL OCCUPATION <u>Farmers</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Martha</u> b. (Middle) <u>Ann</u> c. (Last) <u>Burdine</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>18</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Melrose New Mex</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>Martha Ann Hardy Mother</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Thrombosis of cord</u> 20b. MATERNAL CAUSES <u>Y36.0</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>William Kelly M.D.</u> 23b. DATE SIGNED <u>4-16-51</u> 23c. ATTENDANT'S ADDRESS <u>Hamedale Idaho</u> 23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. H. Sakau</u> 23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-18-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jane Steck</u>	26. FUNERAL DIRECTOR <u>Peckham-Dakota Funeral</u> <u>Caldwell, Idaho</u>	



FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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11 1951

DIVISION OF VITAL STATISTICS

State of Idaho

State File No. 951

Local Reg. No. 1

Reg. Dist. No. 52.0-52.1

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Caribou.</i>		a. STATE <i>Idaho</i>	b. COUNTY <i>Caribou</i>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Soda Springs.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Grace.</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Caribou Co. Hospital.</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Willan Fred Harwood</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>April 6 1951</i>
7. FATHER'S NAME a. (First) <i>John</i>		b. (Middle) <i>T.</i>	c. (Last) <i>Harwood.</i>
8. COLOR OR RACE <i>White.</i>			
9. AGE (At time of this birth) <i>45</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Granite, Utah.</i>	11a. USUAL OCCUPATION <i>Laborer.</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Irene</i>		b. (Middle) <i>Olund</i>	c. (Last) <i>White.</i>
13. COLOR OR RACE <i>White.</i>			
14. AGE (At time of this birth) <i>38</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Grace, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>6</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>one</i>	
17. INFORMANT <i>Irene Harwood.</i>			
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS	18b. WEIGHT AT BIRTH <i>7</i> LBS. <i>0</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Jan 9, 1951</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Short cord - tight around neck. Dead 2 days.</i>	
		20b. MATERNAL CAUSES <i>Anemia?</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None except anemia</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Outlet forceps.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Charles Johnson</i>	
23b. DATE SIGNED <i>Apr 6, 1951</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John T. Harwood</i> TITLE <i>Acting Director</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Apr. 7, 1951</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Grace Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Grace Caribou Idaho</i>
DATE REC'D BY LOCAL REG. <i>Apr. 7, 1951</i>	REGISTRAR'S SIGNATURE <i>Donna C. Ellis</i>	26. FUNERAL DIRECTOR <i>John T. Harwood</i> ADDRESS <i>Acting Director</i>	

MAY 1 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 052

Local Reg. No. 30

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Id</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>335 No. Overland (Gen. Del.)</u>	
3. CHILD'S NAME (Type or Print) <u>Osterhaut</u>			
4. SEX <u>?</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Apr. 1 1951</u>
7. FATHER'S NAME a. (First) <u>Merlin</u> b. (Middle) <u>Osterhaut</u> c. (Last) <u>white</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>55</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Elba Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>not working</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Aeta</u> b. (Middle) <u>Ross</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Agden Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Aeta Osterhaut Mother</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>?</u> LBS. <u>?</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>?</u> No <u>?</u> Approximate date <u>39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Miscarriage + D&C 6 weeks prior to this delivery</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:45</u> p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James R. Fisher M.D.</u>	
23b. DATE SIGNED <u>Apr 4, 1951</u>		23c. ATTENDANT'S ADDRESS <u>James R. Fisher M.D.</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ken B. McPullock</u>		23e. TITLE <u>Ca. Co. Coroner</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>4-1-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>San Mitchell</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-19-1951</u>	REGISTRAR'S SIGNATURE <u>L. P. Wilson</u>	26. FUNERAL DIRECTOR <u>Ken B. McPullock</u> <u>Burley, Idaho</u>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

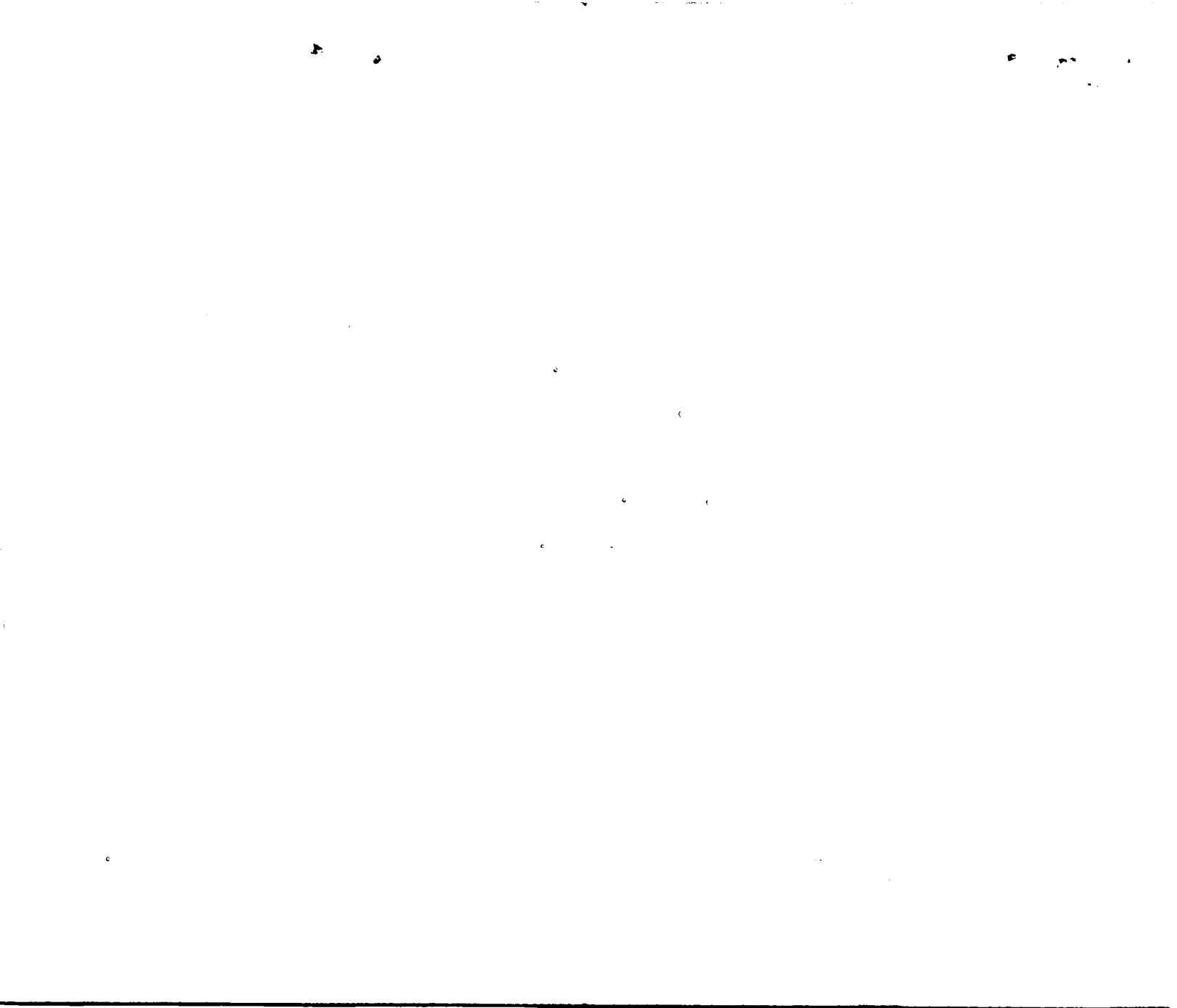
State of Idaho

State File No. 1153

Local Reg. No. 33

Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY <u>Clearwater</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orofino</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orofino</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Orofino hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 6</u>	
3. CHILD'S NAME (Type or Print) <u>Kay Corrine Wilson</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3-30-1951</u>
7. FATHER'S NAME a. (First) <u>Louis</u> b. (Middle) <u>R.</u> c. (Last) <u>Wilson</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Whitebird, Idaho</u>	11a. USUAL OCCUPATION <u>Supervisor</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Soil Conservation</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Elizabeth</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Brown</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sidney, Mont.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Louis R. Wilson</u> <u>Orofino, Ida.</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u> <u>39.6</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>R. J. Hopkins M.D.</u>	
		23b. DATE SIGNED <u>3-31-51</u>	
23c. ATTENDANT'S ADDRESS <u>Orofino, Idaho</u>		IF NOT attended by physician (24. SIGNATURE OF AUTHORIZED OFFICIAL) TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3-31-1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Vineland cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Clarkston Wash.</u>
DATE REC'D BY LOCAL REG. <u>3/30/51</u>	REGISTRAR'S SIGNATURE <u>Charles Fairley</u>	26. FUNERAL DIRECTOR <u>W. E. Gilbert</u>	ADDRESS <u>Orofino</u>



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 154
Local Reg. No. 24
Reg. Dist. No. 257

1. PLACE OF STILLBIRTH a. COUNTY Fremont		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Fremont	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony General Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY GIRL BROWNS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 19, 1951
7. FATHER'S NAME a. (First) Donald E. Browns		b. (Middle) c. (Last)	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Murray, Iowa	11a. USUAL OCCUPATION Bookkeeper	11b. KIND OF BUSINESS OR INDUSTRY Economy Chev. Co.
12. MOTHER'S MAIDEN NAME a. (First) Virginia		b. (Middle) Mulford c. (Last)	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Chicago, Illinois	13. COLOR OR RACE White	
17. INFORMANT Donald E. Browns		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY 39 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES R.H. 20b. MATERNAL CAUSES R.H. Factor	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Fetal Death		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE E. J. Louie MD 23b. DATE SIGNED 4/20/51	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL None	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 20, 1951	25c. NAME OF CEMETERY OR CREMATORY Riverview	25d. LOCATION (City, town, or county) (State) St. Anthony, Idaho
DATE REC'D BY LOCAL REG April 19, 1951	REGISTRAR'S SIGNATURE M. A. Hansen	26. FUNERAL DIRECTOR M. A. Hansen	ADDRESS St. Anthony

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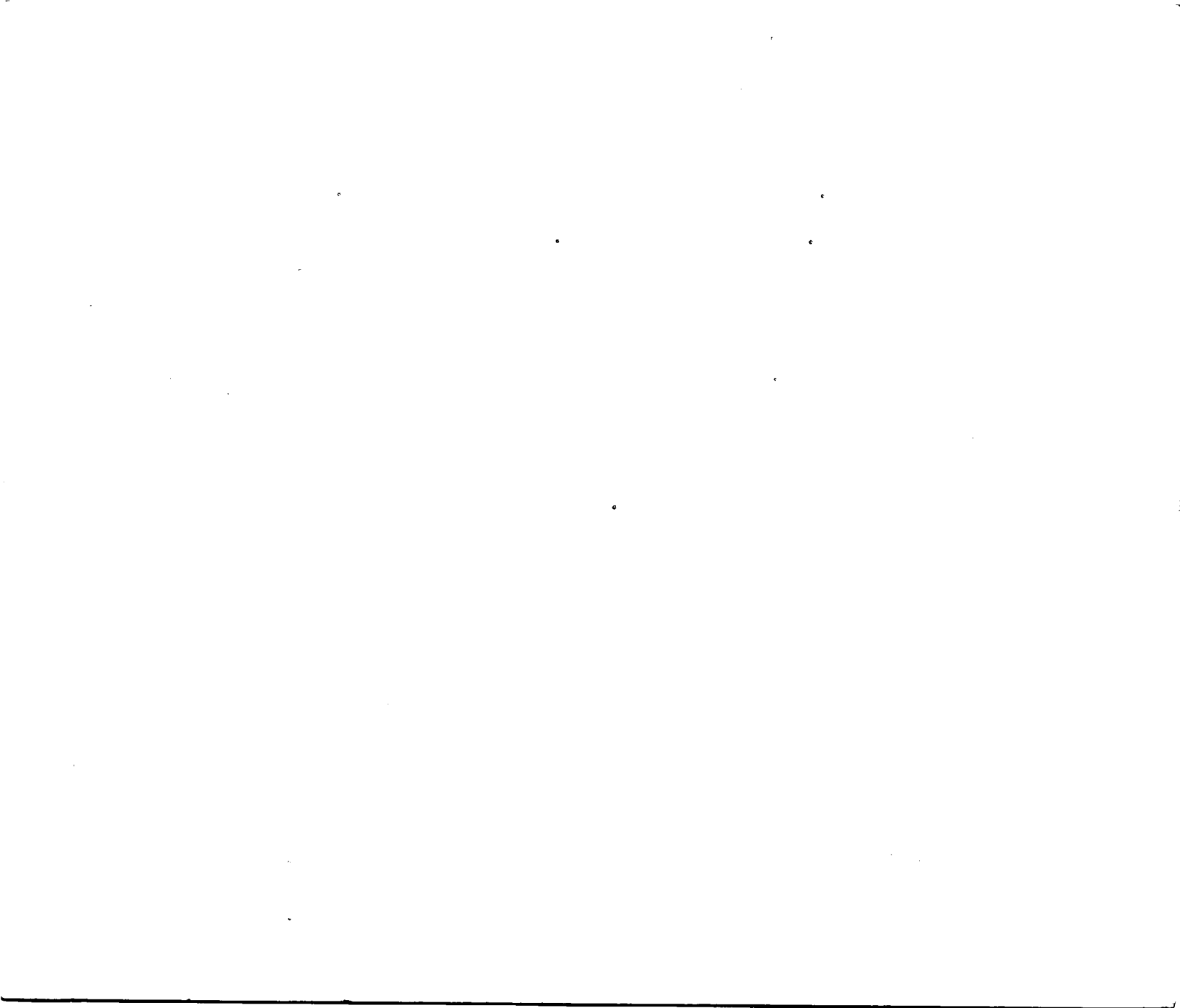
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CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Fremont		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Fremont	
b. CITY OR TOWN St. Anthony		c. CITY OR TOWN St. Anthony	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony General Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) STILLNORN ARTERBURN			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 25, 1951
7. FATHER'S NAME a. (First) Norben C. Arterburn		b. (Middle) c. (Last) White	
9. AGE (At time of this birth) 16 YEARS	10. BIRTHPLACE (State or foreign country) Kansas, Illinois	11a. USUAL OCCUPATION Schoolteacher	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Deena Shockey		b. (Middle) c. (Last) White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Ponca City, Okla.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Deena Arterburn			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date Mar. 1950	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown - macerated fetus Y36.2	
		20b. MATERNAL CAUSES Abruptio Placentae	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Abruptio Placentae		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Ruben R. Haines, M.D.	
23b. DATE SIGNED 5/2/51		24. SIGNATURE OF AUTHORIZED OFFICIAL St. Anthony, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 26 April 51	25c. NAME OF CEMETERY OR CREMATORY Riverview	25d. LOCATION (City, town, or county) (State) St. Anthony, Idaho
DATE REC'D BY LOCAL REG. 2 May 51		26. FUNERAL DIRECTOR St. Anthony, Idaho	



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(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICSCERTIFICATE OF STILLBIRTH
State of Idaho

State File No.

Local Reg. No. 18Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY IDAHO		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY IDAHO	
b. CITY (If outside corporate limits, write RURAL and give township) OR GRANGEVILLE TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR FENN TOWN FENN	
c. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY WREN			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Apr. 25, 1951
7. FATHER'S NAME a. (First) THOMAS		b. (Middle) FREDERICK c. (Last) WREN	
8. COLOR OR RACE white			
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Cottonwood, Idaho	11a. USUAL OCCUPATION farmer	11b. KIND OF BUSINESS OR INDUSTRY agriculture
12. MOTHER'S MAIDEN NAME a. (First) PATRICA		b. (Middle) PEARL c. (Last) OWEN	
13. COLOR OR RACE white			
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Peck, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? one b. How many children were born alive but are now dead? one c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Thomas F. Wren Grangeville.			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 6 1/4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7 Dec 50	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Pre-maturity 20b. MATERNAL CAUSES Diabetes	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Diabetes Controlled with difficulty		22. STATE ALL OPERATIONS FOR DELIVERY Caesarian section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:15 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Donald J. Saltman M.D.	
23b. DATE SIGNED 26 April 51		24. SIGNATURE OF AUTHORIZED OFFICIAL Tranquill Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Buried	25b. DATE Apr. 26, 1951	25c. NAME OF CEMETERY OR CREMATORY Prairieview	25d. LOCATION (City, town, or county) (State) Grangeville, Idaho.
DATE REC'D BY LOCAL REG. April 26, 1951	REGISTRAR'S SIGNATURE Isma Case	26. FUNERAL DIRECTOR John Robertson	ADDRESS Grangeville, Ida

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DIVISION OF VITAL
STATISTICS
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 957

Local Reg. No. 690

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY LEMMING		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lemhi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salmon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salmon	
c. FULL NAME OF HOSPITAL OR INSTITUTION Steele Memorial Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Offret			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 21, 1951
7. FATHER'S NAME a. (First) E. b. (Middle) H. c. (Last) Peterson		8. COLOR OR RACE White	
9. AGE (At time of this birth) unknown YEARS	10. BIRTHPLACE (State or foreign country) unknown	11a. USUAL OCCUPATION unknown	11b. KIND OF BUSINESS OR INDUSTRY unknown
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) c. (Last) Alvey		13. COLOR OR RACE White	
14. AGE (At time of this birth) unknown YEARS	15. BIRTHPLACE (State or foreign country) unknown	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? unknown b. How many children were born alive but are now dead? unknown c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? unknown	
17. INFORMANT taken from Hospital Records			
18a. LENGTH OF PREGNANCY 27 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2-2-51 negative	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None 20b. MATERNAL CAUSES Premature separation Placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia for 2 weeks		22. STATE ALL OPERATIONS FOR DELIVERY spontaneous	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:50 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Walter L. Stachadar, M.D.	
23c. ATTENDANT'S ADDRESS Salmon, Ida		23b. DATE SIGNED 4-23-51	
24. SIGNATURE OF AUTHORIZED OFFICIAL Salmon, Idaho		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-21-51	25c. NAME OF CEMETERY OR CREMATORY Salmon	25d. LOCATION (City, town, or county) (State) Salmon, Idaho
DATE REC'D BY LOCAL REG. May 3-51	REGISTRAR'S SIGNATURE Viola E. Johnson	26. FUNERAL DIRECTOR Edith C. Jones	ADDRESS Salmon, Idaho

FEDERAL BUREAU OF INVESTIGATION
DIVISION OF VITAL State of Idaho

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Shoshone</i>		a. STATE <i>Idaho</i>	b. COUNTY <i>Shoshone</i>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wallace Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mullan</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wallace Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>90 Morning Hotel, Mullan Ida.</i>	
3. CHILD'S NAME (Type or Print) <i>Baby Girl Cox</i>			
4. SEX <i>7</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Jan. 27-1951</i>
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) <i>Richard</i>	b. (Middle) <i>B.</i>	c. (Last) <i>Cox</i>	<i>White</i>
9. AGE (At time of this birth) <i>27</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Oklahoma</i>	11a. USUAL OCCUPATION <i>Marine Corps.</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) <i>Colleen</i>	b. (Middle) <i>Belle</i>	c. (Last) <i>Robison</i>	<i>White</i>
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Nevada</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <i>Colleen B. Cox</i>		a. How many children are now living? <i>2</i>	b. How many children were born alive but are now dead? <i>0</i>
18a. LENGTH OF PREGNANCY <i>26</i> WEEKS		18b. WEIGHT AT BIRTH <i>3</i> LBS. <i>4</i> OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date <i>Jan 22-1951</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity; Breech; Footling</i>	
		20b. MATERNAL CAUSES <i>6 1/2 mo gestation</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>0</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Forceps in Puerperal Incision; after coming head</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>E. Bonerabe M.D.</i>	
23b. ATTENDANT'S ADDRESS <i>Wallace Idaho</i>		23c. DATE SIGNED <i>1-29-51</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Wallace</i>		TITLE <i>Dr.</i>	
25a. DATE <i>1-27-51</i>		25b. NAME OF CEMETERY OR CREMATORY <i>Wallace Hospital</i>	
25c. LOCATION (City, town, or county) <i>Wallace - Idaho</i>		(State)	
26. DATE REC'D BY LOCAL REG <i>Feb 2-1951</i>		26. FUNERAL DIRECTOR <i>Shale Cornell</i>	
26. ADDRESS <i>Wallace Hospital</i>			

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MAY 4 1951
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 059

Local Reg. No. 106

Reg. Dist. No. 170

1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Montana b. COUNTY Mineral	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Regis	
c. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Cantrall			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 2 1951
7. FATHER'S NAME a. (First) Elmer b. (Middle) C. c. (Last) Cantrall		8. COLOR OR RACE White	
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) Cascade, Idaho	11a. USUAL OCCUPATION Owens Western Cafe	11b. KIND OF BUSINESS OR INDUSTRY St. Regis, Montana
12. MOTHER'S MAIDEN NAME a. (First) Dorothy b. (Middle) Lillian c. (Last) Crook		13. COLOR OR RACE White	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Youngstown Ohio	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Mrs. Dorothy Cantrall Mother			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date about 9 months ago	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature Separation of Placenta		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Low Forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Dorothy Cantrall M.D.		23b. DATE SIGNED 4-6-51
	23c. ATTENDANT'S ADDRESS Wallace, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Dale Hornell TITLE State Registrar
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 4-3-51	25c. NAME OF CEMETERY OR CREMATORY United	25d. LOCATION (City, town, or county) (State) Wallace Idaho
DATE REC'D BY LOCAL REG. April 7-1951	REGISTRAR'S SIGNATURE Dale Hornell	26. FUNERAL DIRECTOR'S ADDRESS Dale S. Cornell Wallace Idaho	

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(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS

CERTIFICATE OF STILLBIRTH

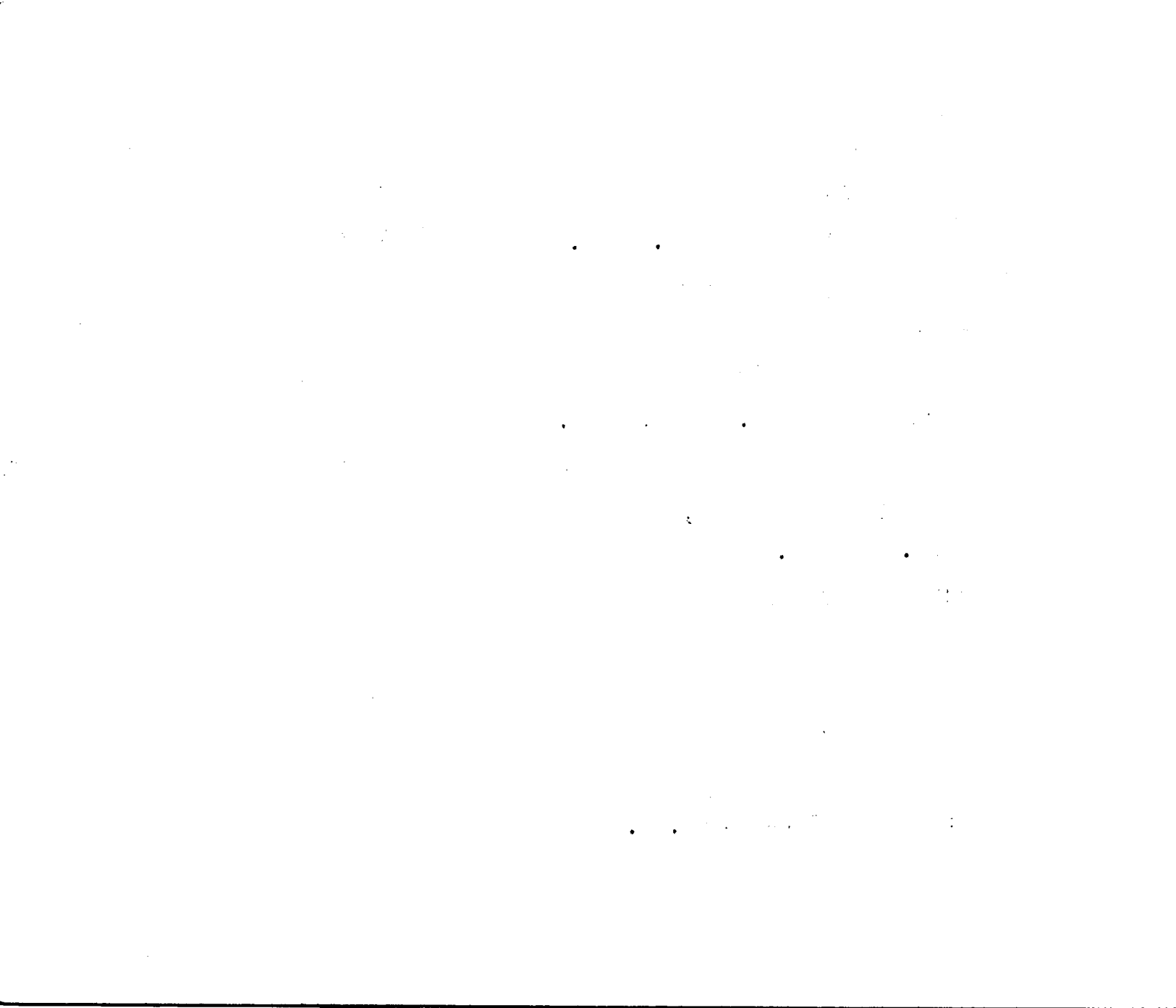
State of Idaho

State File No. 661

Local Reg. No. 3

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Twin Falls Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1227 Schoddie</u>	
3. CHILD'S NAME (Type or Print) <u>Elva Andrew</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4 8 51</u>
7. FATHER'S NAME a. (First) <u>Hiram</u> b. (Middle) <u>Her shel</u> c. (Last) <u>Andrew</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>St. Johns, Kans.</u>	11a. USUAL OCCUPATION <u>Army</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>--</u> c. (Last) <u>Martindale</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oakley, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Hiram H. Andrew Mother</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1951</u> <u>Y39.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature Rupture Membranes</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See 20 b</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None (Spontaneous)</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:08 A. M.</u>		23a. ATTENDANT'S SIGNATURE <u>L. E. Messman M.D.</u> (Specify if M.D., midwife, or other)	
23b. DATE SIGNED <u>April 9, 1951</u>		23c. ATTENDANT'S ADDRESS <u>Twin Falls</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jane Anderson</u>		TITLE <u>REG.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR <u>April 13, 1951</u>		26. FUNERAL DIRECTOR ADDRESS	



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(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 62

Local Reg. No. 5

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <i>Twin Falls</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Blaine</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Twin Falls Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hailey</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Magis Valley Memorial Hosp.</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby Girl Neyman</i>			
4. SEX <i>female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>April 26 1951</i>
7. FATHER'S NAME a. (First) <i>James</i> b. (Middle) <i>H</i> c. (Last) <i>Neyman</i>		8. COLOR OR RACE <i>W</i>	
9. AGE (At time of this birth) <i>39</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Albion, Idaho</i>	11a. USUAL OCCUPATION <i>Garage man</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Garage owner</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Elizabeth</i> b. (Middle) c. (Last) <i>Wendy</i>		13. COLOR OR RACE <i>W</i>	
14. AGE (At time of this birth) <i>39</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Woodsville, Utah</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>1</i>	
17. INFORMANT <i>James H. Neyman</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. <i>6</i> OZS. <i>11</i>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <i>y 39.2</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Erythroblastosis fetalis</i>	
		20b. MATERNAL CAUSES <i>Rh neg mother - 5th pregnancy</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Valdi B. Luendeling M.D.</i>	
		23b. DATE SIGNED <i>May 1, 1951</i>	
23c. ATTENDANT'S ADDRESS <i>Twin Falls, Ida.</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>4-29-51</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Hailey Cem.</i>	25d. LOCATION (City, town, or county) (State) <i>Hailey, Idaho</i>
DATE REC'D BY LOCAL REG. <i>May 2, 1951</i>	REGISTRAR'S SIGNATURE <i>Jane Anderson</i>	26. FUNERAL DIRECTOR ADDRESS <i>White Mortuary Twin Falls, Idaho</i>	

MINUTES TO THE BOARD OF DIRECTORS

DATE

TIME

PLACE

PROCEEDINGS

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REMARKS

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FOR

AGAINST

ABSENT

PRESENT

PROCEEDINGS

REPORT

REMARKS

MAY 16 1951

DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. _____

Local Reg. No. 160Reg. Dist. No. 370

1. PLACE OF STILLBIRTH

a. COUNTY

Ada

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Boise

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Ada

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Kuna

d. STREET
ADDRESS

(If rural, give location)

Rt. # 1

3. CHILD'S NAME

((Type or Print))

Linda

Coombs

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

May

2

1951

7. FATHER'S NAME

a. (First)

Dean

b. (Middle)

Cecil

c. (Last)

Coombs

8. COLOR OR RACE

White

9. AGE (At time of this birth)

24 YEARS

10. BIRTHPLACE (State or foreign country)

Preston, Idaho

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Shirley

b. (Middle)

Mae

c. (Last)

Lechtenberg

13. COLOR OR RACE

White

14. AGE (At time of this birth)

22 YEARS

15. BIRTHPLACE (State or foreign country)

Central, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Shirley Mae Coombs

Mother

18a. LENGTH OF PREGNANCY

37 WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes...X... No.....
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Placental separation

20b. MATERNAL CAUSES

monitory - 138.0

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Premature labor

22. STATE ALL OPERATIONS FOR DELIVERY

Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5-2-51 10 a.m.

23a. ATTENDANT'S SIGNATURE

Shirley Mae Coombs

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

5-4-51

23c. ATTENDANT'S ADDRESS

305 701 N. Boise Ave.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

25b. DATE

May 2, 1951 to Preston, Idaho.

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

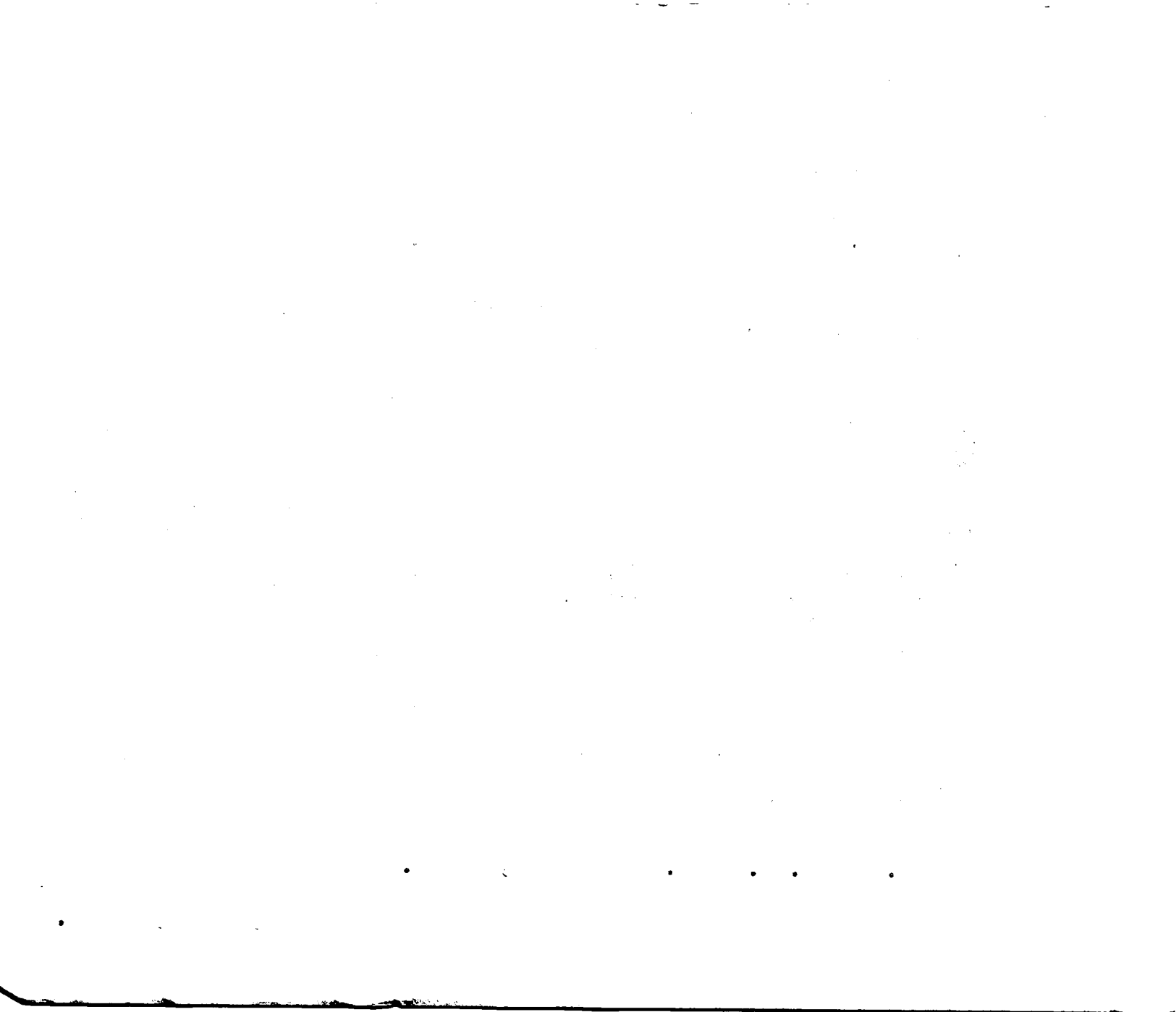
5-12-51

REGISTRAR'S SIGNATURE

Myrtle Palmer

26. FUNERAL DIRECTOR

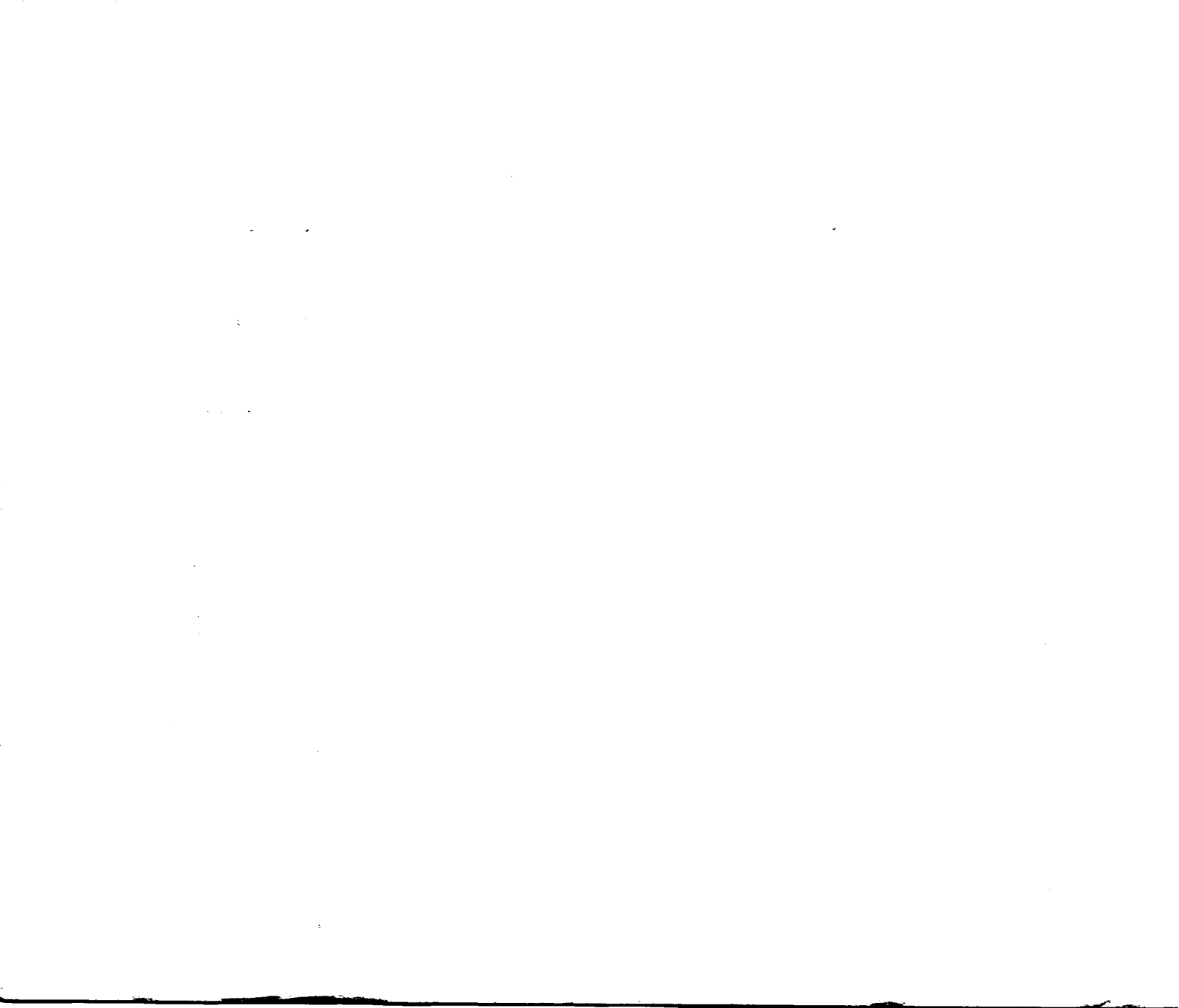
Clayton B. Summers
Summers Funeral Home, Boise, Idaho.



RECEIVED
MAY 12 1950 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF PUBLIC HEALTH
State of Idaho

State File No. 254
Local Reg. No. 156
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <u>Ada</u>			a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>			d. STREET ADDRESS (If rural, give location) <u>323 East Warren Street</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Boy Walton</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 9th, 1951</u>		
7. FATHER'S NAME a. (First) <u>Kay</u> b. (Middle) <u>Walton</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Preston, Idaho</u>	11a. USUAL OCCUPATION <u>Plasterer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred Pearl Fagatt</u> b. (Middle) c. (Last)		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wickenburg, Arizona</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Ray J. Walton</u>					
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>			
		20b. MATERNAL CAUSES <u>Alcohol - Glomerula</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Vaginal bleeding - last day</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Delivered - by breech</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.			23a. ATTENDANT'S SIGNATURE <u>Dr. J. M. Thomas</u>		23b. DATE SIGNED <u>5-9-51</u>
			23c. ATTENDANT'S ADDRESS <u>305 7th St. Boise</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>RELYEA MORTUARY</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 10, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Star</u>	25d. LOCATION (City, town, or county) <u>Star</u>	(State) <u>Idaho</u>	
DATE REC'D BY LOCAL REG. <u>May 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL HOME ADDRESS <u>RELYEA MORTUARY</u> <u>1715 Main St. Boise, Idaho</u>	



RECEIVED

(1949 Revision of Standard Certificate)

MAY 16 1951

CERTIFICATE OF STILLBIRTH

DIVISION OF VITALS

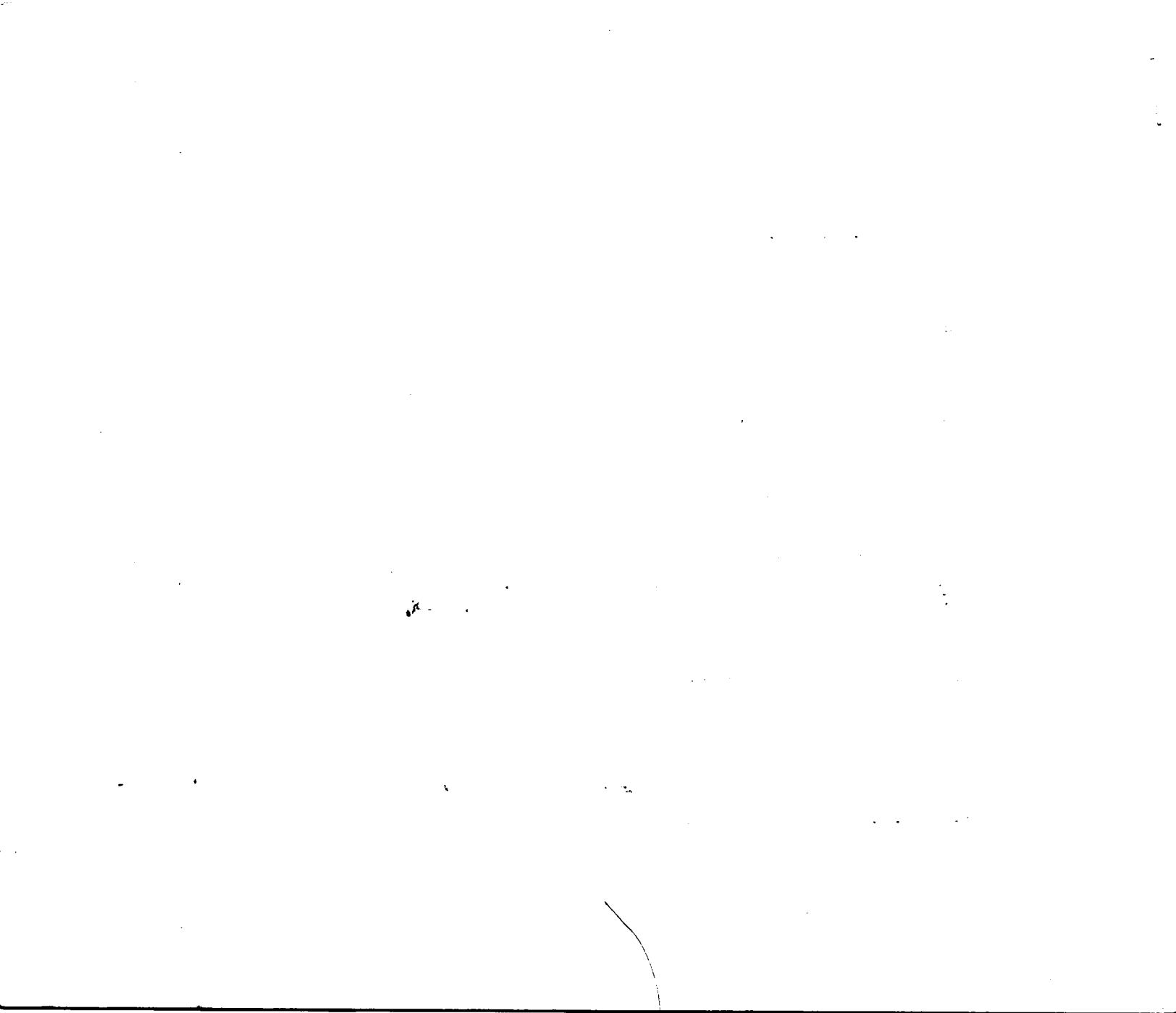
State of Idaho

State File No.

Local Reg. No. 124

Reg. Dist. No. 2

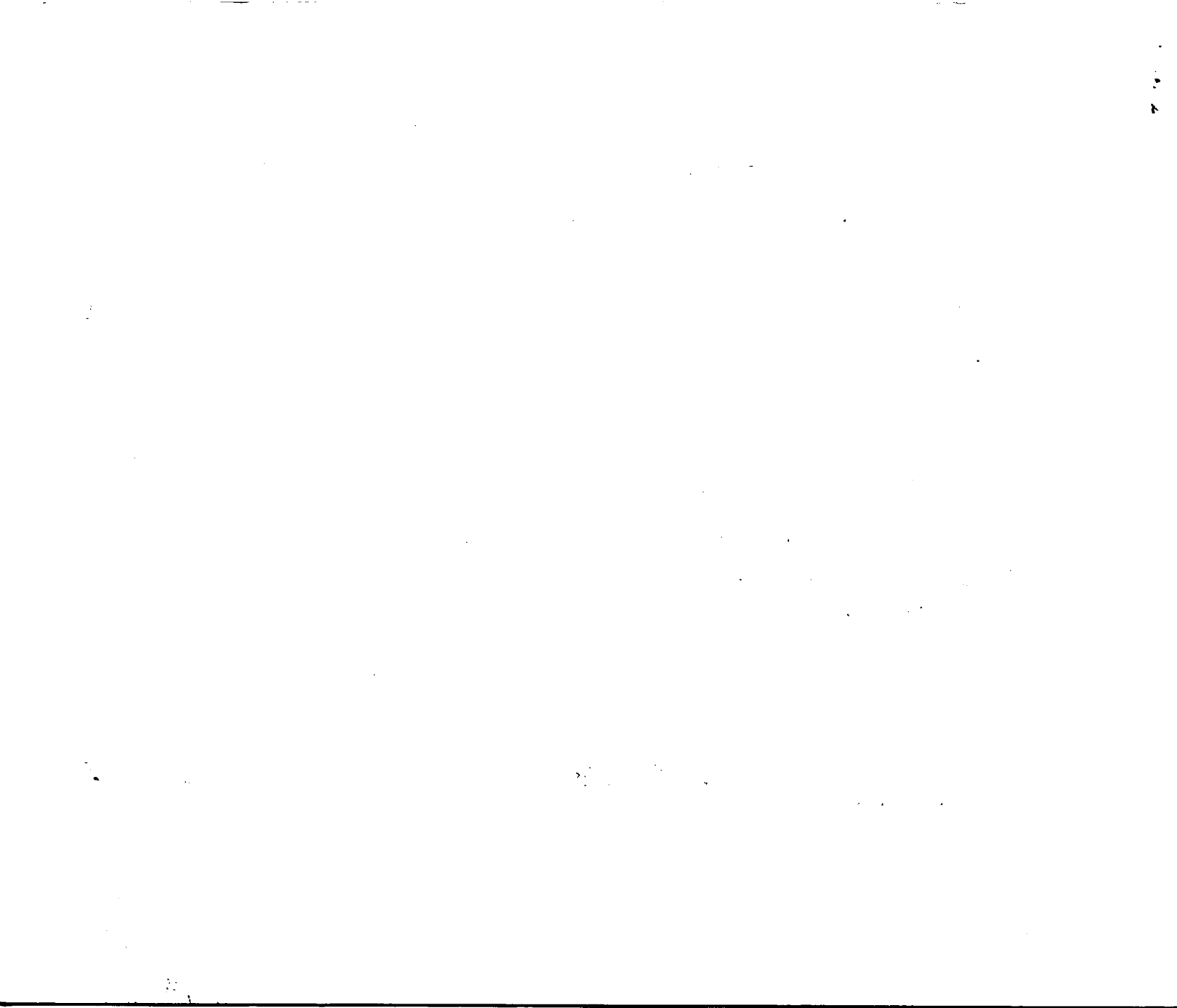
1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) Route #1 North	
3. CHILD'S NAME (Type or Print) Lynda Fay Poole			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 5 4 51
7. FATHER'S NAME a. (First) Rawlston		b. (Middle) Nephi	c. (Last) Poole
8. COLOR OR RACE white			
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Menan, Idaho	11a. USUAL OCCUPATION Baker	11b. KIND OF BUSINESS OR INDUSTRY Albertson's
12. MOTHER'S MAIDEN NAME a. (First) Maxine		b. (Middle) Fay	c. (Last) Farmer
13. COLOR OR RACE white			
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Willammett, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT Rawlston N. Poole father			
18a. LENGTH OF PREGNANCY 48 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 13 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11/15/50.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Cont around neck 2 times;		20a. FETAL CAUSES y 36.0	
20b. MATERNAL CAUSES Blood Rh negative			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Induced, Manual Dilatation		22. STATE ALL OPERATIONS FOR DELIVERY Version (podalic) & extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:17 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) George J. Cox M.D.	
23b. DATE SIGNED 5/9/51			
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 15 1951 Katherine Auer		26. FUNERAL DIRECTOR ADDRESS	



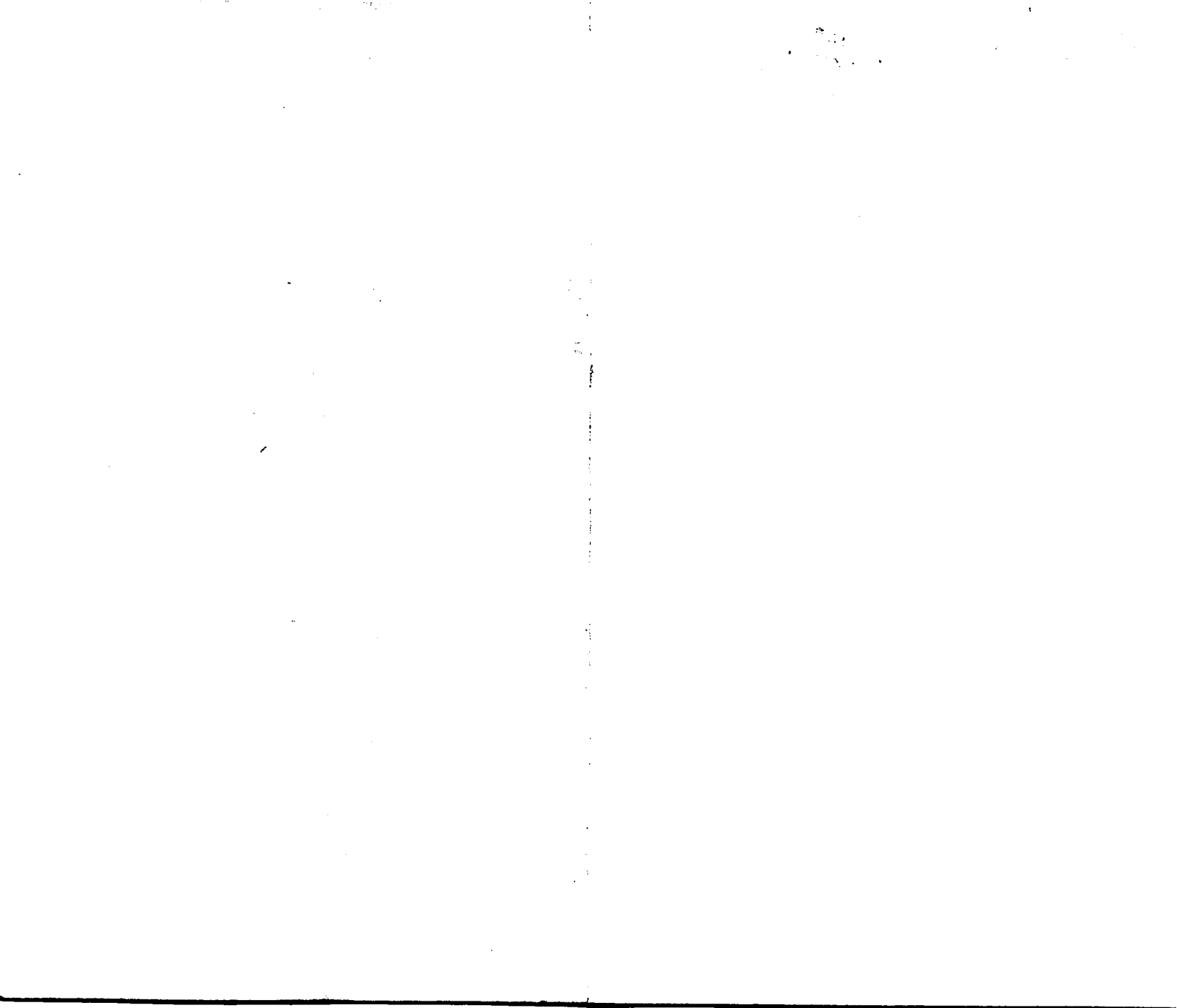
(1979 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **66**
Local Reg. No. **128**
Reg. Dist. No. **5-1**

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) Fort Hall, Idaho	
3. CHILD'S NAME (Type or Print) Baby Boy Stone			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 5 8 51
7. FATHER'S NAME a. (First) Leonard		b. (Middle) Stone	
c. (Last) Indian		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Lydia		b. (Middle) George	
c. (Last) Indian		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Lydia G. Stone mother			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH --- LBS. --- OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y 36.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Massive placental infarction	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:36 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Larue Howard	
23b. DATE SIGNED 5-16-51		23c. ATTENDANT'S ADDRESS Pocatello, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. MAY 18 1951		26. FUNERAL DIRECTOR ADDRESS Latherine Aue	



1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Benewah	b. CITY (If outside corporate limits, write RURAL and give township) St. Maries Rural	a. STATE Idaho	b. COUNTY Benewah
c. FULL NAME OF HOSPITAL OR INSTITUTION Home of her mother		c. CITY (If outside corporate limits, write RURAL and give township) St. Maries	
		d. STREET ADDRESS (If rural, give location) Rt. #1	
3. CHILD'S NAME (Type or Print) Timothy Weightman			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 23, 1951
7. FATHER'S NAME a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS		10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION
		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last)		13. COLOR OR RACE	
Marjorie Ann Weightman		White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Seattle, Wash.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? One	b. How many children were born alive but are now dead? None
17. INFORMANT Mrs. Leona Weightman		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No X	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Mother had severe case of flu	
		20b. MATERNAL CAUSES Premature	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE W. E. Beggs	23b. DATE SIGNED May 24, 1951
		23c. ATTENDANT'S ADDRESS Takoa, Washington	24. SIGNATURE OF AUTHORIZED OFFICIAL R. E. Wilson
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5-24-51	25c. NAME OF CEMETERY OR CREMATORY Woodlawn	25d. LOCATION (City, town, or county) (State) St. Maries, Idaho
DATE REC'D BY LOCAL REG. May 25, 1951	REGISTRAR'S SIGNATURE Loris R. Madison	26. FUNERAL DIRECTOR R. E. Wilson	ADDRESS St. Maries, Idaho



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(1949 Revision of Standard Certificate)

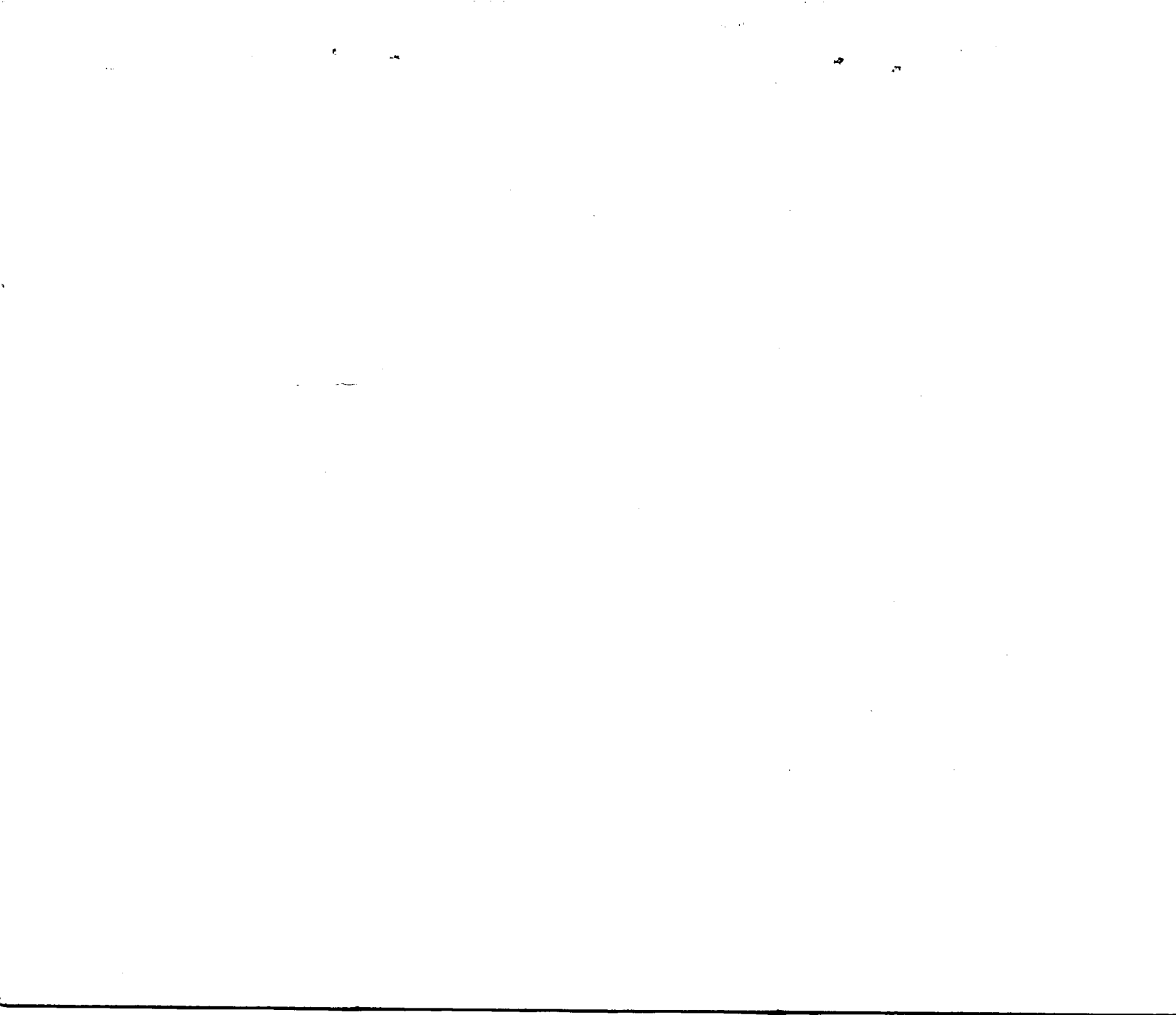
MAY 12 1951
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No. 105-68

Local Reg. No. 610

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonnaville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelley,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hosp		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Weber			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 2 1951
7. FATHER'S NAME a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Persis b. (Middle) D c. (Last) Weber		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Lincoln, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Mrs. Wm Bleak			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4 Apr 51 38.3	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Microcephaly - Acanthocephalus 2 Prematurity		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D. Hoge 23c. ATTENDANT'S ADDRESS Shelley, Idaho	
23b. DATE SIGNED 8 May 51		24. SIGNATURE OF AUTHORIZED OFFICIAL (Title) Lloyd M. Halden	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5-8-51	25c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	25d. LOCATION (City, town, or county) (State) Lincoln Bonnaville Idaho
DATE REC'D BY LOCAL REG. May 10-1951	REGISTRAR'S SIGNATURE Anna Bieser	26. FUNERAL DIRECTOR ADDRESS Lloyd M. Halden Shelley	



RECEIVED
JUN 13 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. _____

Local Reg. No. 120Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>BONNEVILLE</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>Bonneville</u>	
b. CITY OR TOWN <u>IDAHO FALLS</u>		c. CITY OR TOWN <u>IDAHO FALLS</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>L. D. S.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #2</u>	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL SOELBERG</u>			
4. SEX <u>FEMALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 21, 1951</u>
7. FATHER'S NAME a. (First) <u>Kenoldo</u> b. (Middle) <u>Truman</u> c. (Last) <u>Soelberg</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Id.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Nelda</u> b. (Middle) <u>Mae</u> c. (Last) <u>Bills</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Payson, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>R. J. Soelberg</u> <u>Idaho Falls</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes _____ No _____ Approximate date <u>438.1</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Hydrocephalous - multiple</u> <u>none</u>	
20b. MATERNAL CAUSES <u>none</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>	
22. STATE ALL OPERATIONS FOR DELIVERY <u>Brach extraction</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John Bates M.D.</u>	
23b. DATE SIGNED <u>5-23-51</u>		23c. ATTENDANT'S ADDRESS <u>Idaho Falls</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Herman J. Richards</u>		23e. TITLE <u>Registrar</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 31-1951</u>	REGISTRAR'S SIGNATURE <u>Luma Budger</u>	25. FUNERAL DIRECTOR <u>Williams Funeral Home</u> <u>Idaho Falls, Idaho</u>	

Dr. John Hall

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 JUN 13 1951
 DE VITAL State of Idaho

State File No. 125Local Reg. No. 610Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>BONNEVILLE</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>BONNEVILLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IDAHO FALLS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IDAHO FALLS</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.O.S. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1025 Russet</u>	

3. CHILD'S NAME
(Type or Print) BABY BOY RAYBOULD

4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>MAY 27, 1951</u>
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7. FATHER'S NAME a. (First) <u>VERO</u>	b. (Middle)	c. (Last) <u>RAYBOULD</u>	8. COLOR OR RACE <u>WHITE</u>
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9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>SHEAR CITY, IDAHO</u>	11a. USUAL OCCUPATION <u>JEWELER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>OWN BUSINESS</u>
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12. MOTHER'S MAIDEN NAME a. (First) <u>RUBY</u>	b. (Middle) <u>LIL JENQUIST</u>	c. (Last) <u>RAYBOULD</u>	13. COLOR OR RACE <u>WHITE</u>
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14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>HURON, UTAH</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
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17. INFORMANT <u>Used in Raybould - Idaho Falls</u>	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date
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18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>During delivery</u>	20a. FETAL CAUSES <u>Protrusion of umbilical cord</u>	20b. MATERNAL CAUSES <u>y 36.0</u>
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDING PHYSICIAN'S SIGNATURE (Specify if M. D., midwife, or other) <u>N. B. C. M. D.</u>	23b. DATE SIGNED <u>5/31/51</u>
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23c. ATTENDANT'S ADDRESS <u>Idaho Falls</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>William J. ...</u>	TITLE
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25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>MAY 28, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>	25d. LOCATION (City, town, or county) (State) <u>IDAHO FALLS, IDAHO</u>
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DATE REC'D BY LOCAL REG. <u>June 10 - 1951</u>	REGISTRAR'S SIGNATURE <u>Anna Budger</u>	26. FUNERAL DIRECTOR <u>William J. ...</u>	ADDRESS <u>E. 355 Herman P. Richards Pastor, etc.</u>
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Dr. Lloyd

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MAY 28 1951

(1949 Revision of Standard Certificate)

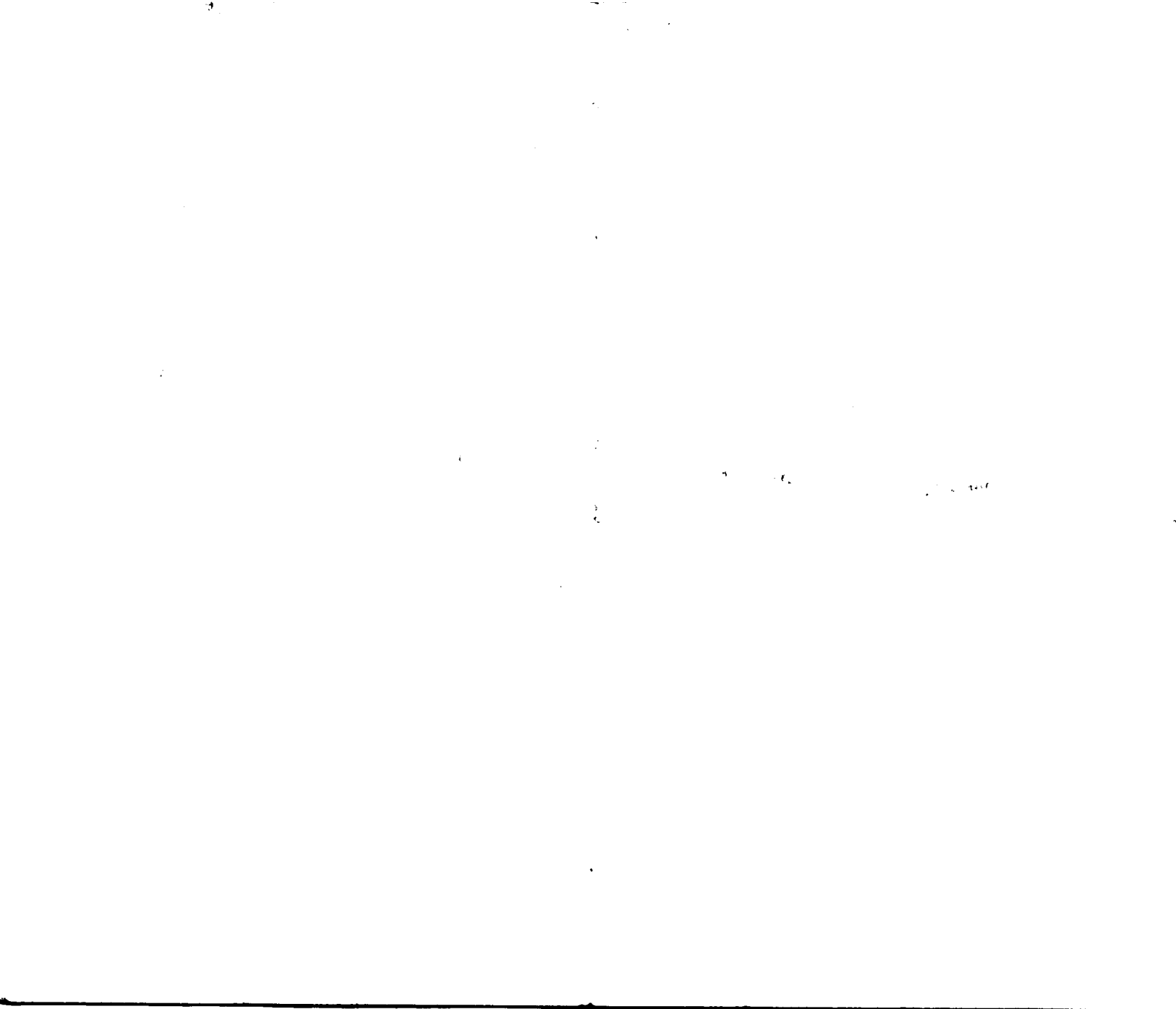
DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 0151

Local Reg. No. 13-51

Reg. Dist. No. 100

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Boundary</i>		a. STATE <i>Mont.</i>	b. COUNTY <i>Lincoln</i>
b. CITY OR TOWN <i>Bannock Ferry</i>		c. CITY OR TOWN <i>TROY</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Community Hosp</i>		d. STREET ADDRESS <i>(If rural, give location)</i>	
3. CHILD'S NAME (Type or Print) <i>Infant Girl Thorstad</i>			
4. SEX <i>F</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>5-24-51</i>
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) <i>Jesse</i>	b. (Middle) <i>M.</i>	c. (Last) <i>Thorstad</i>	<i>White</i>
9. AGE (At time of this birth) <i>27</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Mich.</i>	11a. USUAL OCCUPATION <i>Mechanic</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>K.U. Garage</i>
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) <i>Myrum</i>	b. (Middle) <i>W.</i>	c. (Last) <i>Foyce</i>	
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Mich.</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <i>0</i>	b. How many children were born alive but are now dead? <i>0</i>
17. INFORMANT <i>L. M. Thorstad</i>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>1</i>	
18a. LENGTH OF PREGNANCY <i>37</i> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Anencephalic Monster</i> <i>y38.0</i>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>R.M. Bonnell M.D.</i>	
		23b. DATE SIGNED <i>5-25-51</i>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	
		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>5/25/51</i>	<i>Grandview</i>	<i>Bannock Ferry Idaho</i>
DATE REC'D BY LOCAL REG. <i>5-25-51</i>	REGISTRAR'S SIGNATURE <i>R.M. Bonnell</i>	26. FUNERAL DIRECTOR ADDRESS <i>Frank Moore Bannock Ferry Idaho</i>	



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MAY 12 1950

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

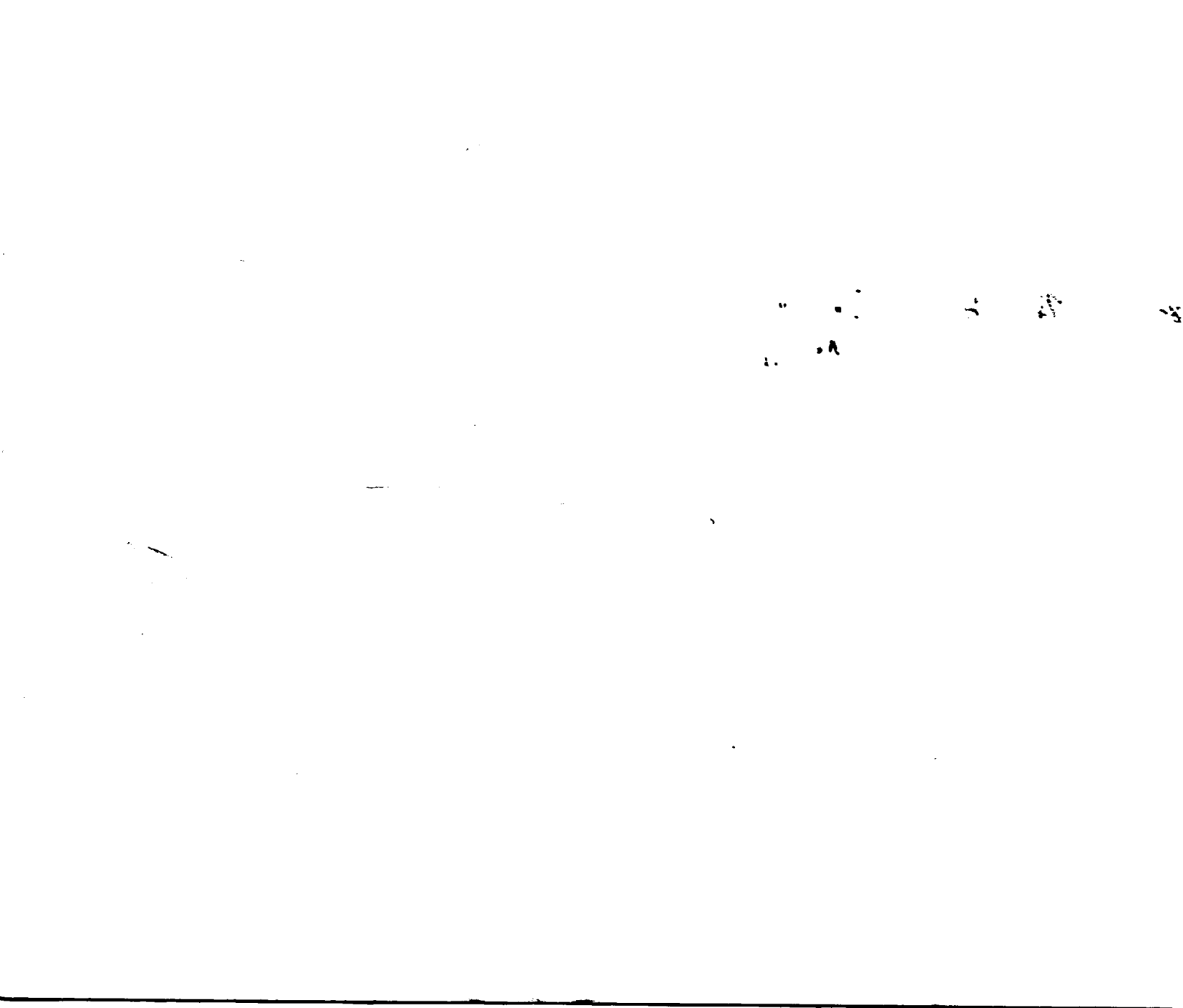
State of Idaho

State File No. 912

Local Reg. No. 363

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Canyon</i>		a. STATE <i>Idaho</i>	b. COUNTY <i>Canyon</i>
b. CITY (If outside corporate limits, write RURAL and give township) <i>Nampa.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Nampa</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mayday Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>Hammedale</i>	
3. CHILD'S NAME (Type or Print) <i>Richard John Lauck</i>			
4. SEX <i>M</i>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>3 28 51</i>
7. FATHER'S NAME a. (First) <i>Myron</i>	b. (Middle) <i>Lamond</i>	c. (Last) <i>Lauck</i>	8. COLOR OR RACE <i>W</i>
9. AGE (At time of this birth) <i>47</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>St George Utah</i>	11a. USUAL OCCUPATION <i>Unemployed</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Edna</i>	b. (Middle) <i>Annett</i>	c. (Last) <i>Lauck</i>	13. COLOR OR RACE <i>W</i>
14. AGE (At time of this birth) <i>38</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Lexington Utah</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>10</i> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Edna Annett Lauck - Mother</i>			
18a. LENGTH OF PREGNANCY WEEKS <i>7</i>	18b. WEIGHT AT BIRTH LBS. <i>10</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Protrusion of cord</i>		
	20b. MATERNAL CAUSES <i>Protrusion of cord</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>William J. Kelly M.D.</i>	23b. DATE SIGNED <i>3-3-51</i>
23c. ATTENDANT'S ADDRESS <i>Bonedale Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. J. Kelly</i>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>March 30-1951</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Canyon Hill</i>	25d. LOCATION (City, town, or county) (State) <i>Caldwell, Idaho</i>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Mrs. James Steck, deputy</i>	26. FUNERAL DIRECTOR'S NAME AND ADDRESS <i>W. J. Kelly Caldwell, Idaho</i>	



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CERTIFICATE OF STILLBIRTH
MAY 12 1950
State of Idaho

State File No. 13
Local Reg. No. 8
Reg. Dist. No. 36.3

1. PLACE OF BIRTH a. COUNTY <u>Campan</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Campan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hampe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wilder</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Dyck</u> <u>Gilbertson</u>			
4. SEX <u>7</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>11</u> <u>51</u>
7. FATHER'S NAME a. (First) <u>Ray</u> b. (Middle) <u>-</u> c. (Last) <u>Gilbertson</u>	8. COLOR OR RACE <u>W</u>		
9. AGE (At time of this birth) <u>46</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>S.D. Dakota</u>	11a. USUAL OCCUPATION <u>Farmen.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Eileen</u> b. (Middle) <u>Jasie</u> c. (Last) <u>Skov</u>	13. COLOR OR RACE <u>W</u>		
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Louis City, Mo.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>7</u> b. How many children were born alive but are now dead? c. How many OTHER children were still born (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Eileen Jasie Gilbertson-Malher</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>y 36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Premature Separation of Placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>William J. Kelly M.D.</u> (Specify if M.D., midwife, or other)		23b. DATE SIGNED <u>4-16-51</u>
	23c. ATTENDANT'S ADDRESS <u>Bozeman Idaho</u> If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>Mrs. Jane Beck</u>		26. FUNERAL DIRECTOR ADDRESS	

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(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS

State of Idaho

State File No.

Local Reg. No. 42

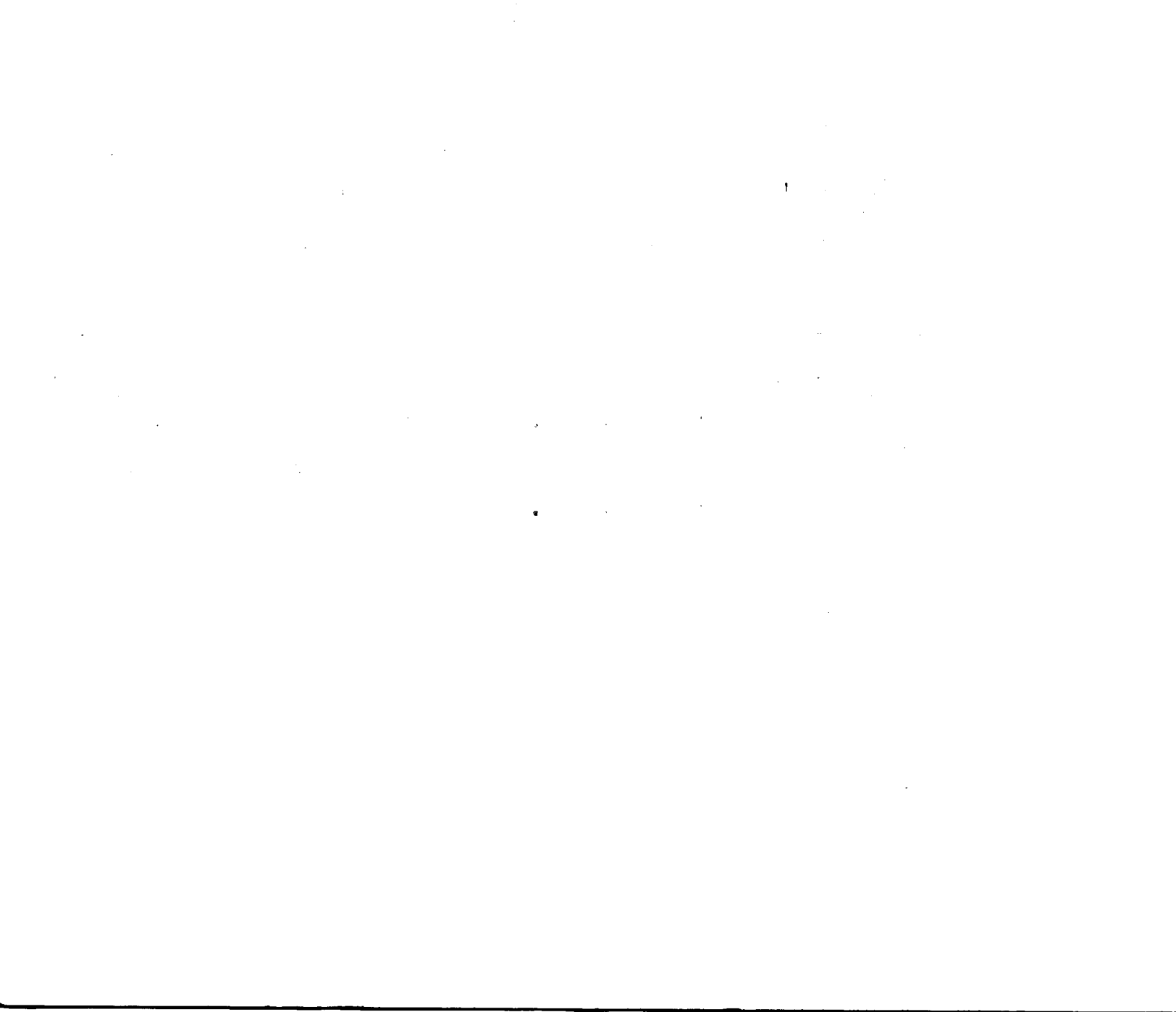
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY OR TOWN <u>Burley</u>		c. CITY OR TOWN <u>Burley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1226 Burton Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Terri Lee Garner</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 9, 1951</u>
7. FATHER'S NAME a. (First) <u>Lester</u> b. (Middle) <u>Albert</u> c. (Last) <u>Garner</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Butte Montana</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marie</u> b. (Middle) <u>-</u> c. (Last) <u>Antone</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Burley, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Lester Albert Garner</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <u>6 LBS. 8 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>11-21-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anoxia</u> <u>36.2</u>	
		20b. MATERNAL CAUSES <u>Premature separation placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Right occiput posterior</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low forcep extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert W. White, M.D.</u>	
23b. DATE SIGNED <u>5/11/51</u>		23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Norm B. McPallach</u>		TITLE <u>Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>5-11-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>May 14 1951</u>		26. FUNERAL DIRECTOR <u>Norm B. McPallach</u> ADDRESS <u>Burley, Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 75
Local Reg. No. 6
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <u>KOOTENAI</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d' Alene</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City General</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d' Alene</u> d. STREET ADDRESS (If rural, give location) <u>501 Hattie</u>		
3. CHILD'S NAME (Type or Print) <u>Donald Humphrey</u>				
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>5</u> <u>22</u> <u>51</u>	
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>Nylen</u> c. (Last) <u>Humphrey</u>		8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Coeur d' Alene, Ida.</u>	11a. USUAL OCCUPATION <u>Skimmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Trentwood Aluminum</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Hilda</u> b. (Middle) <u>Wickner</u> c. (Last) <u>Wickner</u>		13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Coeur d' Alene, Ida.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>		
17. INFORMANT <u>Mrs. J. N. Humphrey</u>				
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>11</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>September</u>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>- Obstructed placenta</u> 20b. MATERNAL CAUSES <u>-</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>M.D.</u>		23b. DATE SIGNED <u>5/25-51</u>
		23c. ATTENDANT'S ADDRESS <u>Coeur d' Alene, Ida.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>5-26-51</u>		REGISTRAR'S SIGNATURE <u>Lorraine R. Brush</u>		26. FUNERAL DIRECTOR ADDRESS



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 920
Local Reg. No. 5
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Post Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION Lake City Gen		d. STREET ADDRESS (If rural, give location) Rt # 1	

3. CHILD'S NAME
(Type or Print) **Elizabeth Streeter**

4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 5 26 51
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7. FATHER'S NAME a. (First) Robert b. (Middle) D c. (Last) Streeter		8. COLOR OR RACE W
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Tillamook Ore.	11a. USUAL OCCUPATION Farmer
		11b. KIND OF BUSINESS OR INDUSTRY Ranch Hand

12. MOTHER'S MAIDEN NAME a. (First) Virginia b. (Middle) Allen c. (Last) Shelton		13. COLOR OR RACE W
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Pasadenia Calif	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT None		None

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date November, 1950.
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Unknown Fetal Causes.	20a. FETAL CAUSES Unknown Fetal Causes.	20b. MATERNAL CAUSES
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None - Mother R.H. Positive.	22. STATE ALL OPERATIONS FOR DELIVERY None.
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William T. Wood, M.D.	23b. DATE SIGNED 5-28-51.
	23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5-28-51	25c. NAME OF CEMETERY OR CREMATORY Forest	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 6-1-51	REGISTRAR'S SIGNATURE Louise R. Brush	26. FUNERAL DIRECTOR Gilbert Bates	ADDRESS Coeur d'Alene Idaho
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Burial	5-28-51	Forest	Coastal	Island
			Gilbert Yates	Coastal

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RECEIVED
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 4

Local Reg. No. 120

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH OF VITAL

a. COUNTY

Kootenai

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Coeur d'Alene,

c. FULL NAME OF HOSPITAL OR INSTITUTION

LCG Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Kootenai

c. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Coeur d'Alene

d. STREET
ADDRESS

(If rural, give location)

501 Hattie

3. CHILD'S NAME

(Type or Print)

(infant)

Humphrey

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐1ST ☐2ND ☐3RD ☐

5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF STILLBIRTH

(Month)

(Day)

(Year)

May 22, 1951

7. FATHER'S NAME

a. (First)

John

b. (Middle)

Nylen

c. (Last)

Humphrey

8. COLOR OR RACE

White

9. AGE (At time of this birth)

38

YEARS

10. BIRTHPLACE (State or foreign country)

Idaho

11a. USUAL OCCUPATION

Skimmer

11b. KIND OF BUSINESS OR INDUSTRY

Aluminum Plant

12. MOTHER'S MAIDEN NAME

a. (First)

Hilda

b. (Middle)

c. (Last)

Wickner

13. COLOR OR RACE

White

14. AGE (At time of this birth)

33

YEARS

15. BIRTHPLACE (State or foreign country)

Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

2

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

X John Nylen Humphrey

18a. LENGTH OF PREGNANCY

WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

y 36.2

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Abruptio Placenta
(Abruptio)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M., Do midwife, or other)

23b. DATE SIGNED

5723 57

23c. ATTENDANT'S ADDRESS

Coeur d'Alene

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)

Burial

25b. DATE

May 24, 1951

25c. NAME OF CEMETERY OR CREMATORY

Forest Cemetery

25d. LOCATION (City, town, or county)

Coeur d'Alene, Idaho

(State)

DATE REC'D BY LOCAL REG.

5-24-51

REGISTRAR'S SIGNATURE

Lorraine K. Brush

26. FUNERAL DIRECTOR

ADDRESS

Don English Coeur d'Alene, Idaho

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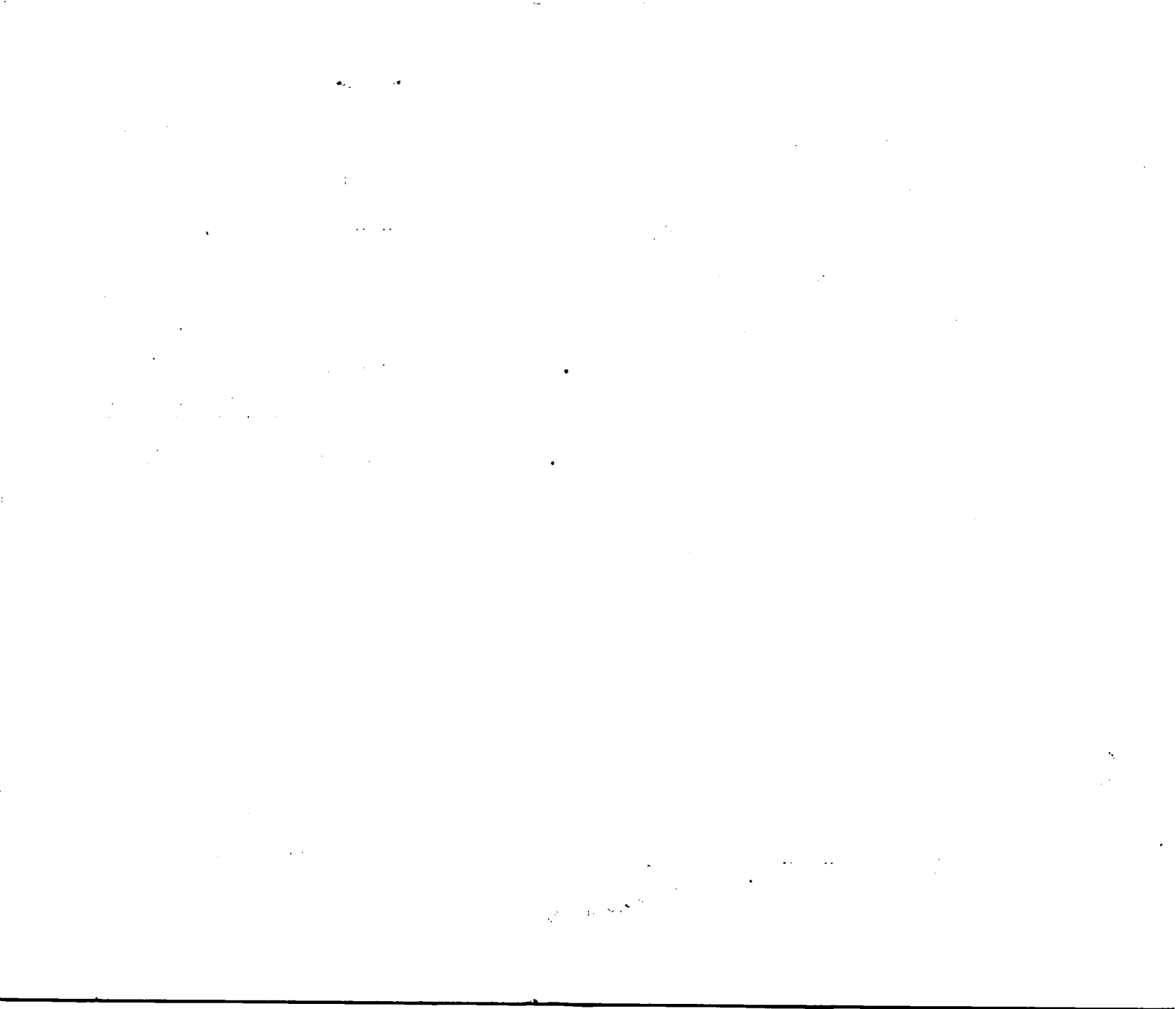
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RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 190
Local Reg. No. 3
Reg. Dist. No. 17

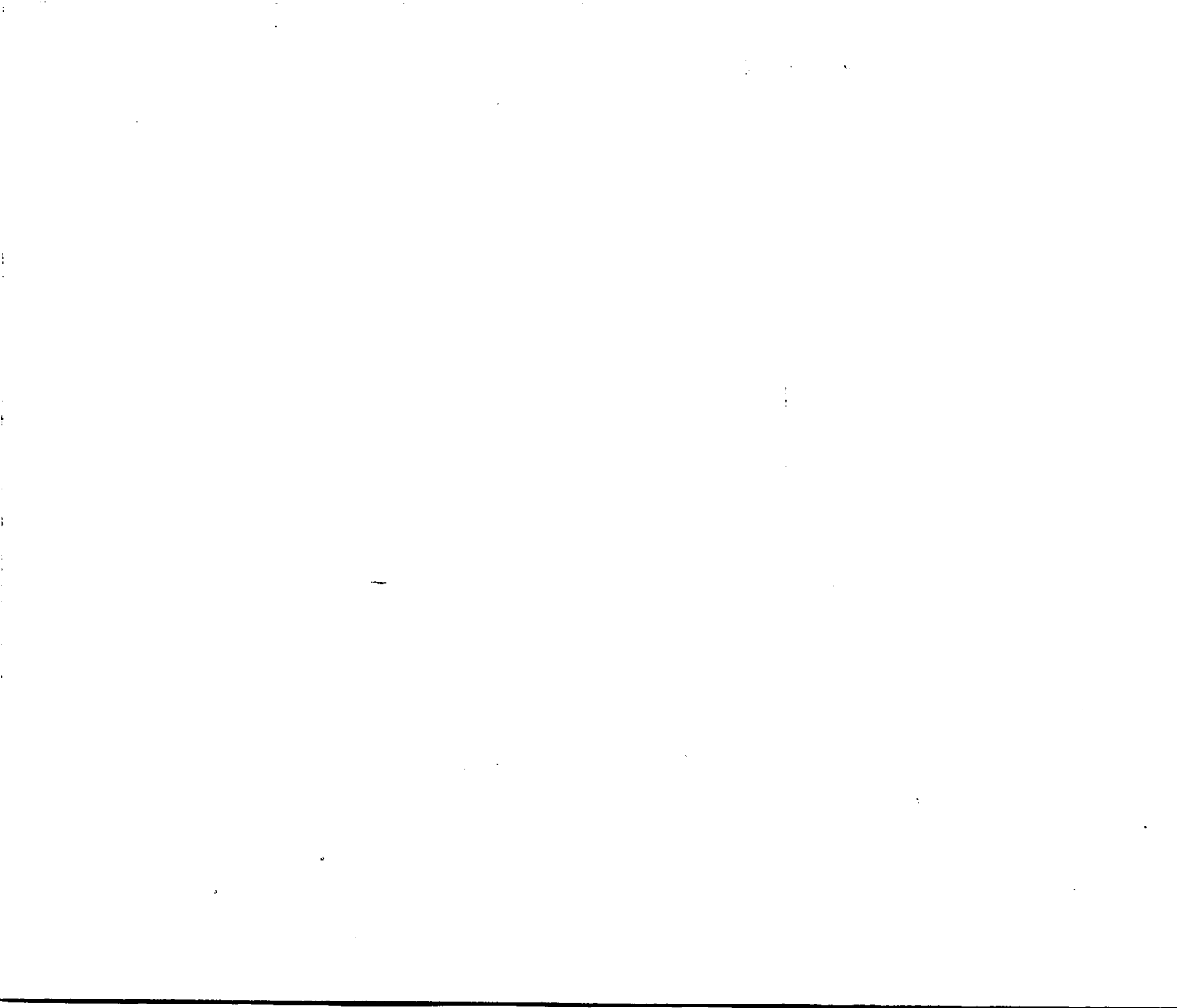
1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>835-W-Garden Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl McCormick</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 8, 1951</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>McCormick</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>46</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bozoy Montana</u>	11a. USUAL OCCUPATION <u>Bus Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>C.D.A. City Line</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>A.</u> c. (Last) <u>Conway</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Bonner Ferry Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Three</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Mr. John McCormick</u> <u>C.D.A. Idaho</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>8</u>	18b. WEIGHT AT BIRTH LBS <u>7 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>5/39.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Stillborn - hydrops fetalis</u>		20a. FETAL CAUSES <u>Stillborn - hydrops fetalis</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Dr. W. Fox</u> 23b. DATE SIGNED <u>5/11/51</u>	
23c. ATTENDANT'S ADDRESS <u>B.A. Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>N. H. [Signature]</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>5-10-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-10-51</u>		26. FUNERAL DIRECTOR <u>Lorraine K. Brush</u> ADDRESS <u>N. H. [Signature]</u>	



CERTIFICATE OF STILLBIRTH State of Idaho

State File No. 49Local Reg. No. 18Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rexburg Maternity Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>College Heights Apt 8</u>	
3. CHILD'S NAME (Type or Print) <u>Arden</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 17, 1951</u>
7. FATHER'S NAME a. (First) <u>Ellis</u> b. (Middle) <u>William</u> c. (Last) <u>Arden</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Rexburg Electric</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Hinds</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Globe, Arizona</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mary Ellen Arden</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Unknown -</u>		20a. FETAL CAUSES <u>Y39.6</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:45 PM</u> .		23a. ATTENDANT'S SIGNATURE <u>D. D. Hoffman, MD</u>	
23b. DATE SIGNED <u>May 17, 1951</u>		23c. ATTENDANT'S ADDRESS <u>Rexburg, Ida</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		23e. TITLE <u>[Signature]</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 18th, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>	25d. LOCATION (City, town, or county) (State) <u>St. Anthony, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 28, 1951</u>	REGISTRAR'S SIGNATURE <u>Leona Zilman</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>St. Anthony, Idaho</u>	



RECEIVED 1949 Revision of Standard Certificate)

MAY 24 1951 CERTIFICATE OF STILLBIRTH

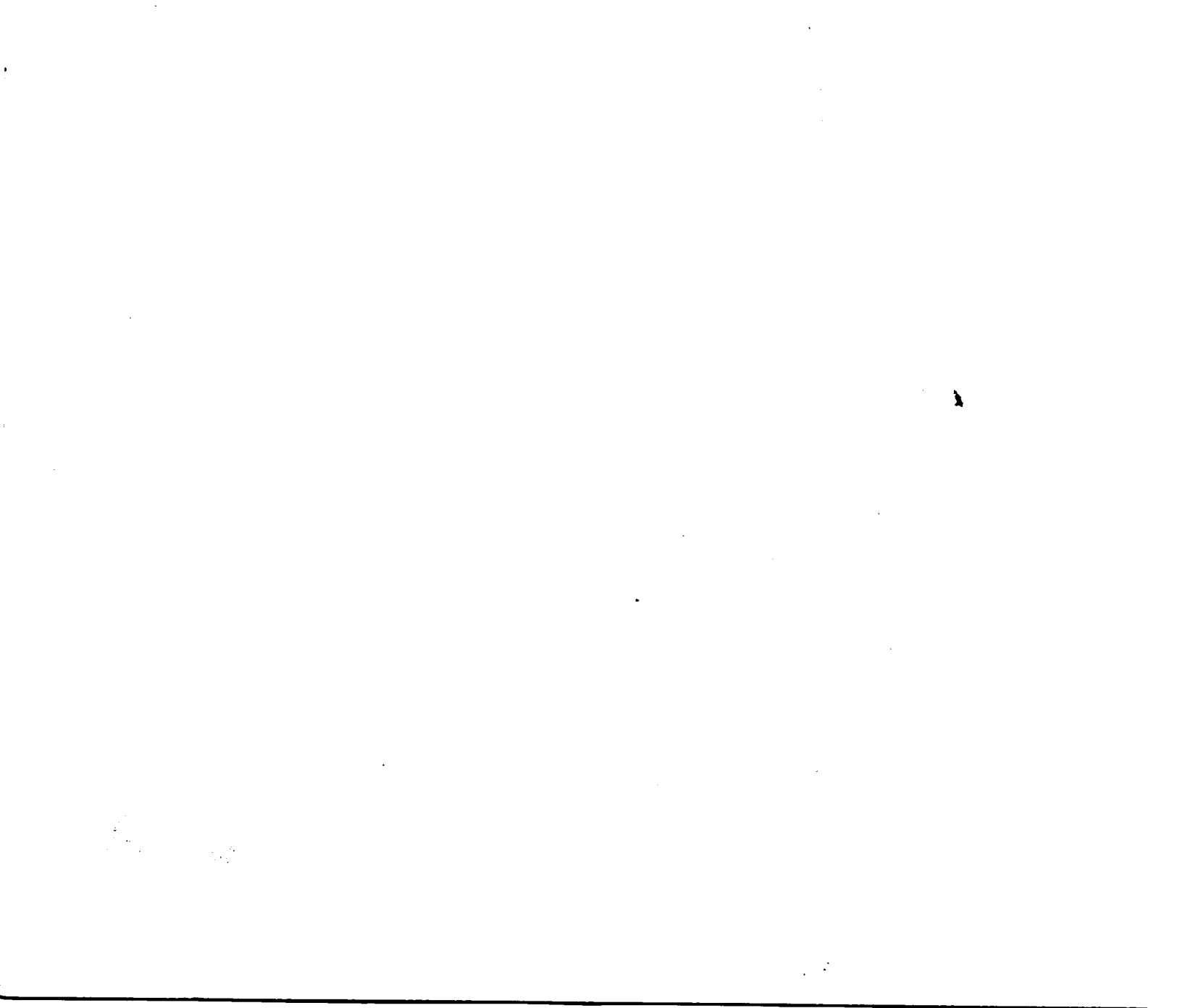
DIVISION OF VITAL State of Idaho

State File No. 220

Local Reg. No. 86

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH STATISTICS			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY NezPerce			a. STATE Idaho b. COUNTY NezPerce		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital			d. STREET ADDRESS (If rural, give location) 516 16th Street		
3. CHILD'S NAME (Type or Print) Sherry Lee Schriever					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 12th, 1951		
7. FATHER'S NAME a. (First) William b. (Middle) Matthew c. (Last) Schriever		8. COLOR OR RACE White			
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Circle, Mont.	11a. USUAL OCCUPATION Plumber	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) Lois b. (Middle) Carole c. (Last) Mitchell		13. COLOR OR RACE White			
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Lewiston,	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT William M. Schriever					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes No Approximate date 39.5			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature - 5 mo Pregnancy 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harry Hansen M.D.		23b. DATE SIGNED 17 May 51	
23c. ATTENDANT'S ADDRESS Lewiston, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE MAY 15, 1951	25c. NAME OF CEMETERY OR CREMATORY NORMAL HILL	25d. LOCATION (City, town, or county) (State) LEWISTON, IDA.		
DATE REC'D BY LOCAL REG. May 17, 51	REGISTRAR'S SIGNATURE Alice Kethken	26. FUNERAL DIRECTOR BROWER-WANN BY K.H. McLean LEWISTON, IDAHO			



<div style="text-align: center;"> RECEIVED <div style="display: flex; justify-content: space-between;"> JUN 6 1951 (1949 Revision of Standard Certificate) </div> </div>			<div style="text-align: right;"> 91 State File No. _____ Local Reg. No. <u>94</u> Reg. Dist. No. <u>220</u> </div>	
<div style="text-align: center;"> CERTIFICATE OF STILLBIRTH State of Idaho </div>				
1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Wash.</u> b. COUNTY <u>Asotin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkston</u> d. STREET ADDRESS (If rural, give location) <u>522-759</u>		
3. CHILD'S NAME ((Type or Print)) <u>Baby Girl Long</u>				
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 21, 1951</u>	
7. FATHER'S NAME a. (First) <u>Harry</u> b. (Middle) <u>James</u> c. (Last) <u>Long</u>		8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>56</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Superior, Wisc.</u>	11a. USUAL OCCUPATION <u>Self Fuel Retail</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Fuel</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Zelpha</u> b. (Middle) <u>Naomi</u> c. (Last) <u>Drazey</u>		13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Beloit, Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>		
17. INFORMANT <u>Harry J. Long</u>				
18a. LENGTH OF PREGNANCY <u>9 months</u>	18b. WEIGHT AT BIRTH <u>7 lbs.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>5-23-51</u>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature separation of placenta</u> 20b. MATERNAL CAUSES <u>None</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:30 p.m.</u>		23a. ATTENDANT'S SIGNATURE <u>A. J. White, M.D.</u>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>5-23-51</u>
23c. ATTENDANT'S ADDRESS <u>Lewiston, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Brower Wynn by H. H. Nelson</u>	TITLE <u>Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>5/23/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>NORMAL HILL</u>	25d. LOCATION (City, town, or county) <u>LEWISTON</u>	(State) <u>IDAHU</u>
DATE REC'D BY LOCAL REG. <u>May 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Alice Methuen</u>	26. FUNERAL DIRECTOR <u>Brower Wynn by H. H. Nelson</u>		

RECEIVED (1949 Revision of Standard Certificate)
JUN 2 1951
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 002
Local Reg. No. 14
Reg. Dist. No. 500

1. PLACE OF STILLBIRTH a. COUNTY Power		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN American Falls Idaho		c. CITY OR TOWN Aberdeen Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Schiltz Memorial Hospital		d. STREET ADDRESS (If rural, give location) -	
3. CHILD'S NAME (Type or Print) DWIGHT THORNLEY (STILLBORN)			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 29 1951
7. FATHER'S NAME a. (First) TIMOTHY b. (Middle) KENDELL c. (Last) THORNLEY		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Layton Utah	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Automobile
12. MOTHER'S MAIDEN NAME a. (First) ROWENE b. (Middle) - c. (Last) KAJAWA		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Rockland Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? - c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? -	
17. INFORMANT Kendell Thornley Father			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH - LBS. 075. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Y36.2	
		20b. MATERNAL CAUSES Abruption placenta.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR mild to moderate anemia		22. STATE ALL OPERATIONS FOR DELIVERY spontaneous delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) F. J. Harris, M.D.	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED	24. SIGNATURE OF AUTHORIZED OFFICIAL W. J. Davis
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE May 31-1951	25c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery
DATE REC'D BY LOCAL REG. May 29-1951		25d. LOCATION (City, town, or county) (State) Aberdeen Idaho	
26. FUNERAL DIRECTOR W. J. Davis		ADDRESS American Falls	

1000

JUN 11 1951

REC'D
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(1949 Revision of Standard Certificate)

State File No. 193
Local Reg. No. 30
Reg. Dist. No. 142

PHS-797(VS)

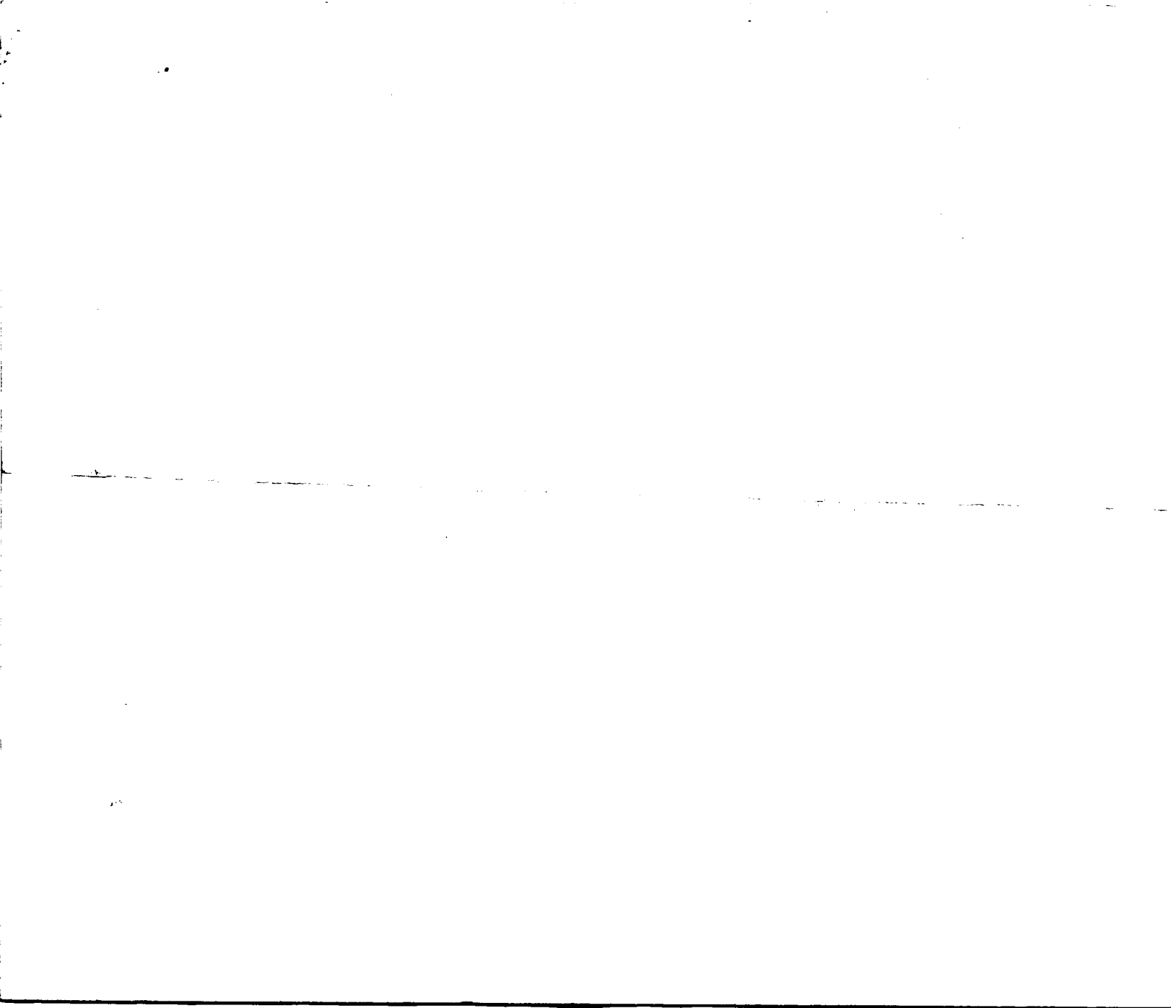
4-48

FEDERAL BUREAU OF
PUBLIC HEALTH SERVICEDIVISION OF
STATISTICS

VITA CERTIFICATE OF STILLBIRTH

State of Idaho

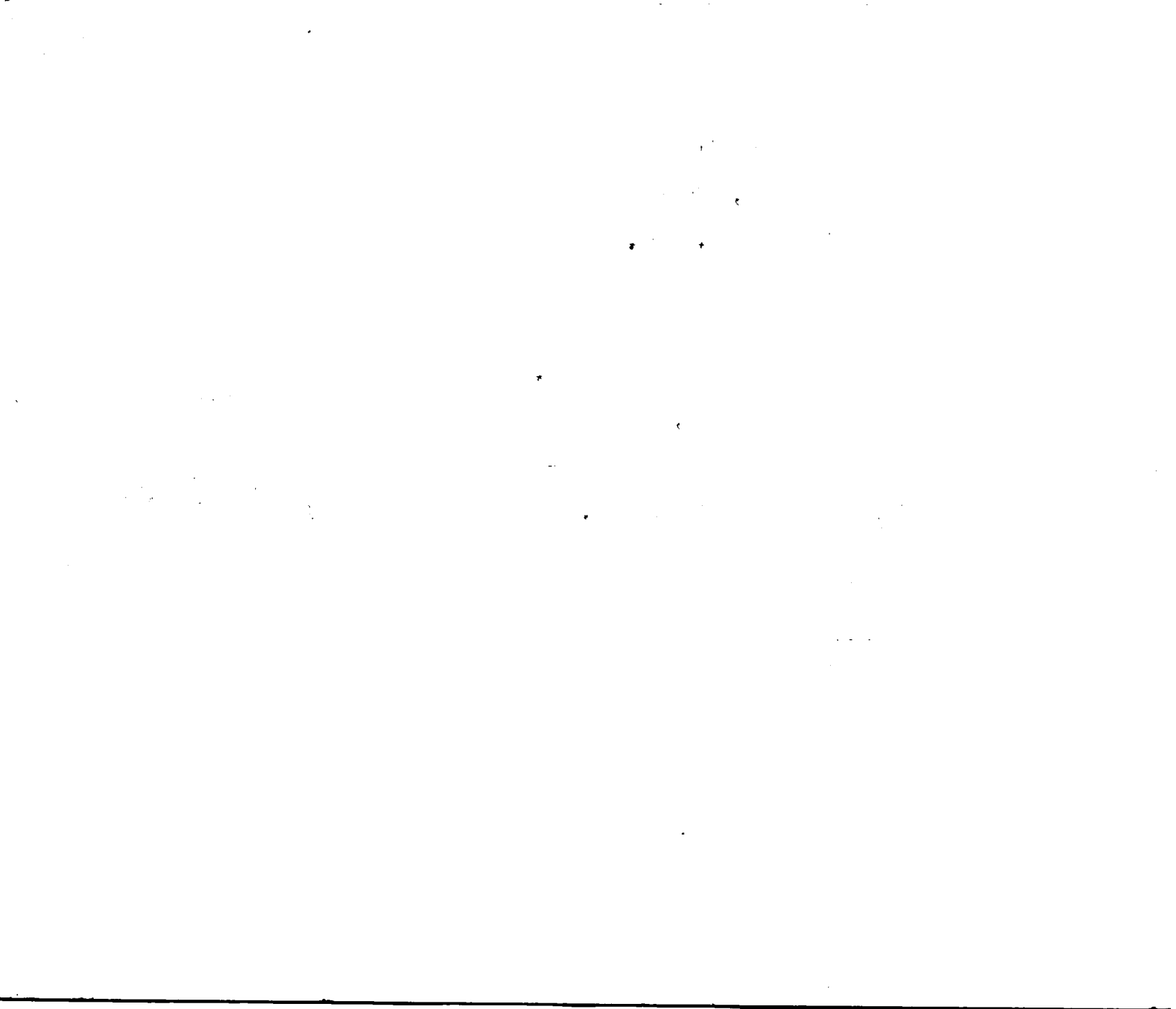
1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY OR TOWN <u>Kellogg</u>		c. CITY OR TOWN <u>Smithers</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wadsworth</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Gary Adell Shrake</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 27 - 1951</u>
7. FATHER'S NAME a. (First) <u>Lannie</u> b. (Middle) <u>Shrake</u> c. (Last) <u>white</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Fort Collins Colorado</u>	11a. USUAL OCCUPATION <u>miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Claudia</u> b. (Middle) <u>M. Ruth</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 38.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Montmorancy</u> 20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>low pumps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert E. Stearns M.D.</u> 23b. DATE SIGNED <u>4-5-51</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>3/28/51</u>		25b. DATE	
25c. NAME OF CEMETERY OR CREMATORY <u>Idaho</u>		25d. LOCATION (City, town, or county) (State) <u>Sandpoint Idaho</u>	
DATE REC'D BY LOCAL REG. <u>4-14-51</u>		26. FUNERAL DIRECTOR ADDRESS <u>102 Main St</u>	



1949 Division of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Blaine	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hailey	
c. FULL NAME OF HOSPITAL OR INSTITUTION Twin Falls Co. Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl Neyman			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 26 51
7. FATHER'S NAME a. (First) James b. (Middle) H. c. (Last) Neyman		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Albion, Idaho	11a. USUAL OCCUPATION Garage Man	11b. KIND OF BUSINESS OR INDUSTRY Garage Owner
12. MOTHER'S MAIDEN NAME a. (First) Elizabeth b. (Middle) -- c. (Last) Hendry		13. COLOR OR RACE White	
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Wellsville, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS 6	18b. WEIGHT AT BIRTH LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 39.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythras blastosis fetalis 20b. MATERNAL CAUSES OK neg mother	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:17 A m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Valde B. Freundling 23b. DATE SIGNED 5-20-51 23c. ATTENDANT'S ADDRESS Twin Falls, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL Hugh H. Phillips TITLE White Mountain Twin Falls, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) removal	25b. DATE April 29, 1951	25c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery	25d. LOCATION (City, town, or county) (State) Hailey Idaho
DATE REC'D BY LOCAL REG. June 6, 1951	REGISTRAR'S SIGNATURE Jane Anderson	26. FUNERAL DIRECTOR Hugh H. Phillips ADDRESS White Mountain Twin Falls, Idaho	



CERTIFICATE OF STILLBIRTH

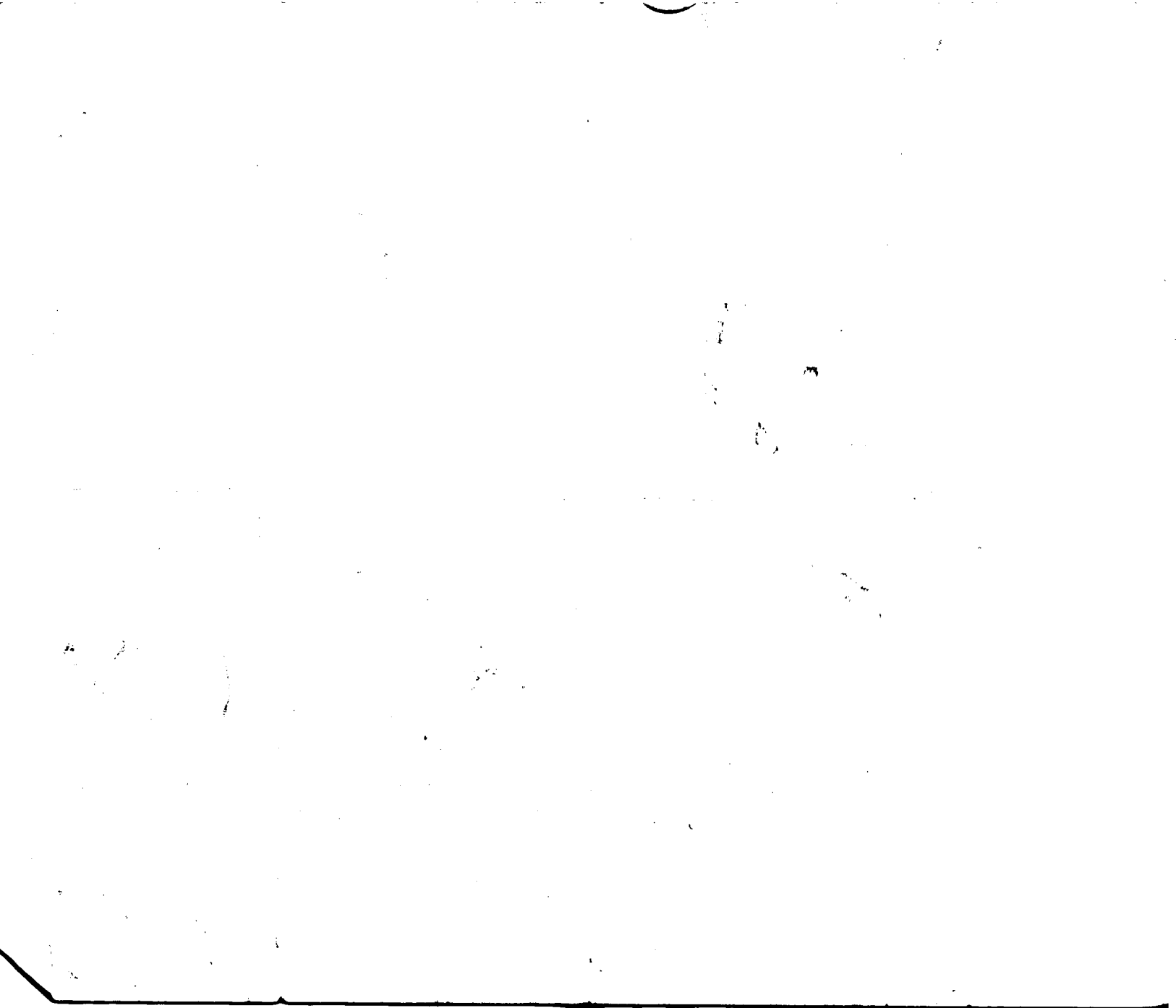
State of Idaho

State File No. 3205

Local Reg. No. 37

Reg. Dist. No. 320

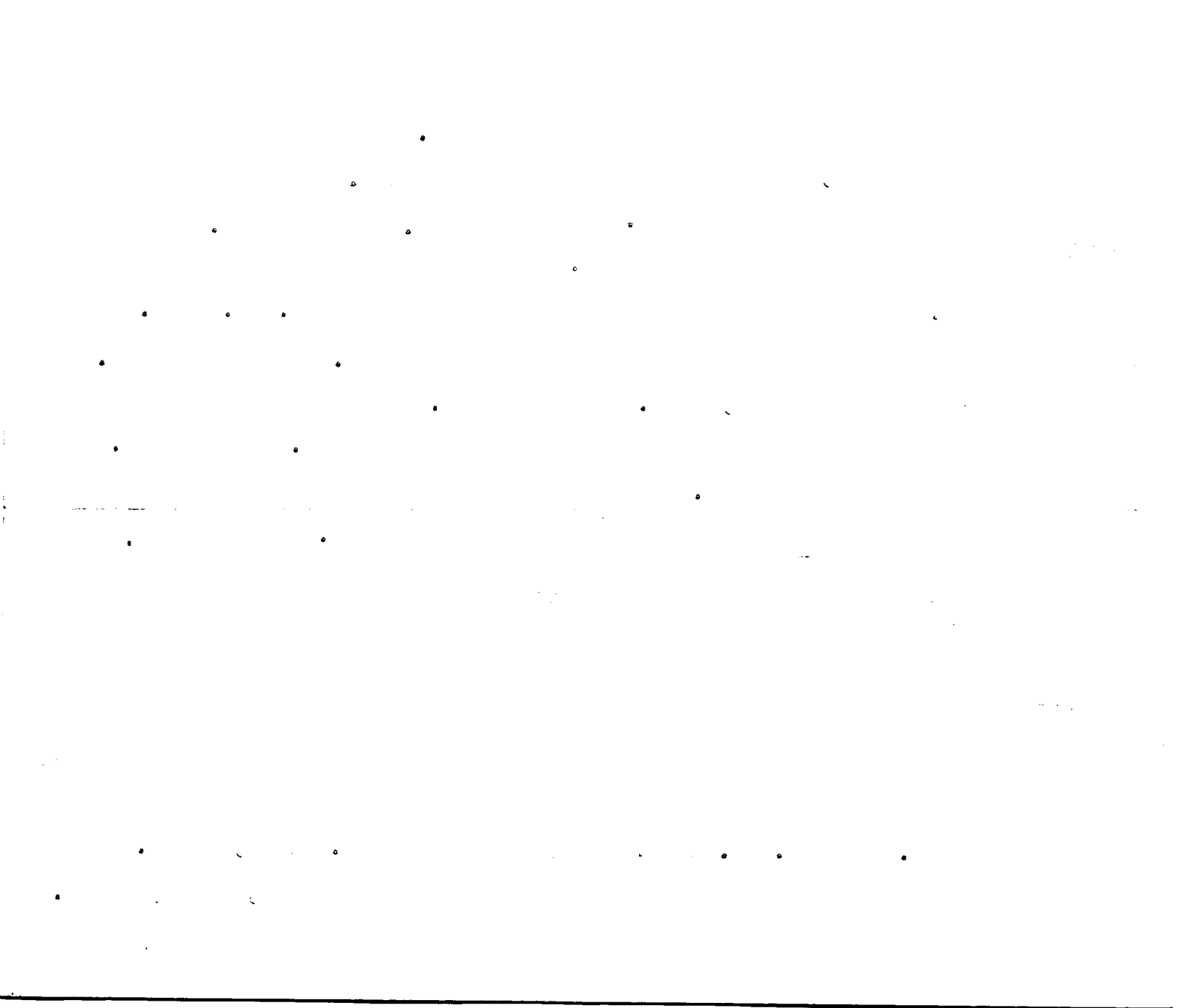
1. PLACE OF BIRTH OF VITAL a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cambridge	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weiser Memorial Hosp.		d. STREET ADDRESS (If rural, give location) City	
3. CHILD'S NAME (Type or Print) INFANT BOY WILSON			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 23 1951
7. FATHER'S NAME a. (First) Frank b. (Middle) H. c. (Last) Wilson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Madiera California	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Farm Machinery
12. MOTHER'S MAIDEN NAME a. (First) Martha b. (Middle) May c. (Last) Conner		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Lincoln, Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 1	
17. INFORMANT Frank H. Wilson			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1/1/51.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prolapse of cord.	
		20b. MATERNAL CAUSES Unascertained.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Breech presentation of 1st twin.		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:35 P.m.		23a. ATTENDANT'S SIGNATURE [Signature] (Specify M.D., midwife or other)	
23c. ATTENDANT'S ADDRESS Cambridge, Idaho		23b. DATE SIGNED 5/24/51	
23d. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5/25/51	25c. NAME OF CEMETERY OR CREMATORY Cambridge Cemetery	25d. LOCATION (City, town, or county) (State) Cambridge, Idaho
DATE REC'D BY LOCAL REG. 5/24/51		26. FUNERAL DIRECTOR C. S. Jones Weiser, Idaho.	



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
JUN 23 1951 State of Idaho

State File No. **086**
Local Reg. No. **319**
Reg. Dist. No. **370**

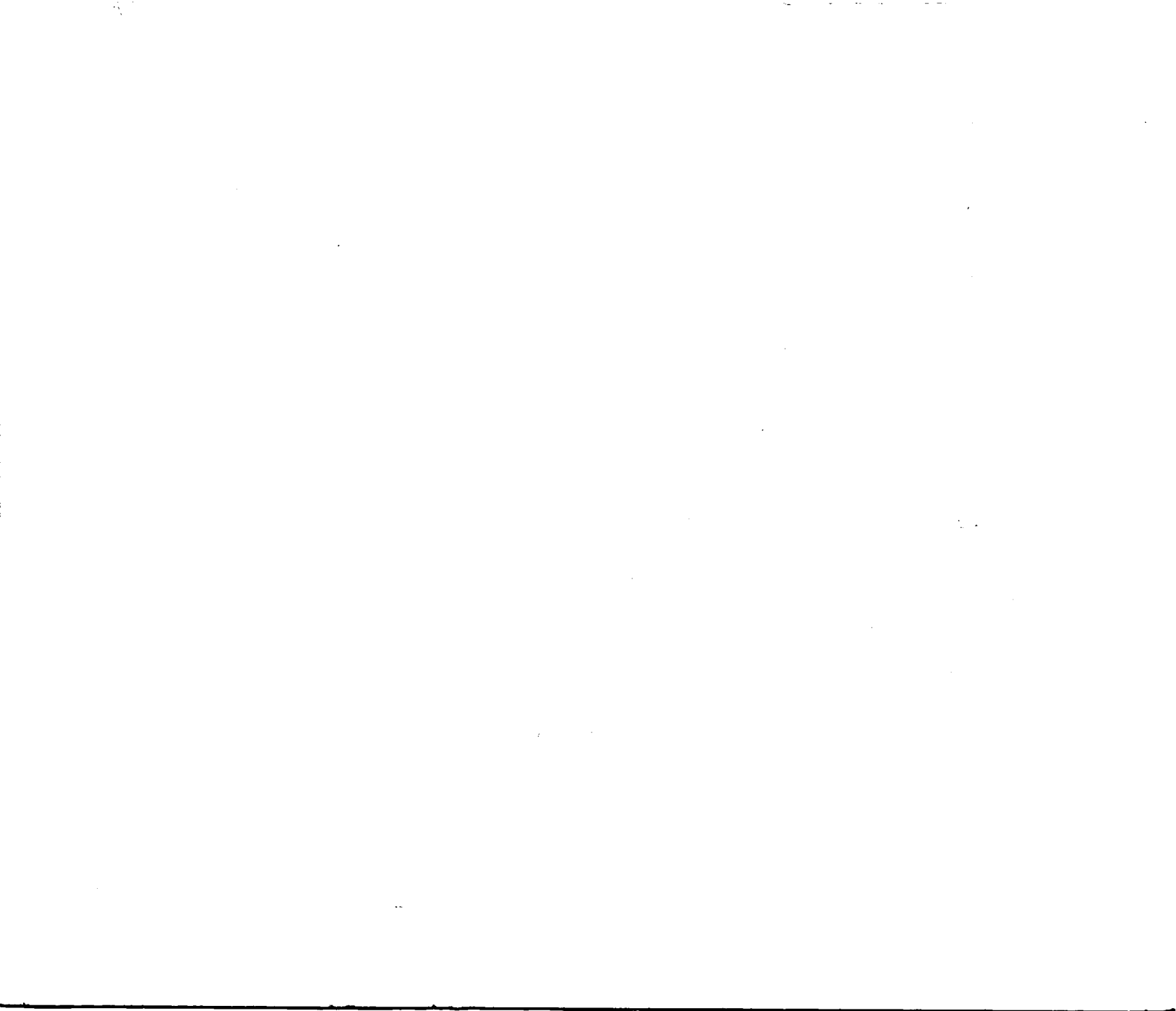
1. PLACE OF STILLBIRTH DIVISION OF VITAL				2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY Ada		b. CITY (If outside corporate limits, write RURAL and give township) Boise		a. STATE Idaho		b. COUNTY Ada	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Lukes Hospital.				d. STREET ADDRESS (If rural, give location) 20. South Owyhee.			
3. CHILD'S NAME (Type or Print) BABY WHEELER.							
4. SEX Male.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) June. 12. 1951.		
7. FATHER'S NAME a. (First) Joe		b. (Middle)		c. (Last) Wheeler.		8. COLOR OR RACE White.	
9. AGE (At time of this birth) 28 YEARS		10. BIRTHPLACE (State or foreign country) Vinton, Iowa.		11a. USUAL OCCUPATION Laborer.		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) Irva		b. (Middle) Marie		c. (Last) Bentley.		13. COLOR OR RACE White.	
14. AGE (At time of this birth) 21 YEARS		15. BIRTHPLACE (State or foreign country) Wyoming.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
				a. How many children are now living? 3		b. How many children were born alive but are now dead? None.	
						c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.	
17. INFORMANT <i>Joe & Wheeler 204. Owyhee Boise, Idaho</i>							
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec 1950			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Pressure obstruction of cord by fetal head					
		20b. MATERNAL CAUSES None					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None				22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy & Repair			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Carl D Rusty MD		(Specify if M. D., midwife, or other)		23b. DATE SIGNED 6-14-51	
		23c. ATTENDANT'S ADDRESS Mendocino, Ida		24. SIGNATURE OF AUTHORIZED OFFICIAL Myrtle Palmer		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		25b. DATE June. 12. 1951.		25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery, Boise, Idaho.		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 6-25-51		REGISTRAR'S SIGNATURE Myrtle Palmer		26. FUNERAL DIRECTOR ADDRESS Summers Funeral Home, Boise, Idaho.			



RECEIVED 49 Revision of Standard Certificate)
JUL 7 1951
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 087Local Reg. No. 237Reg. Dist. No. 370

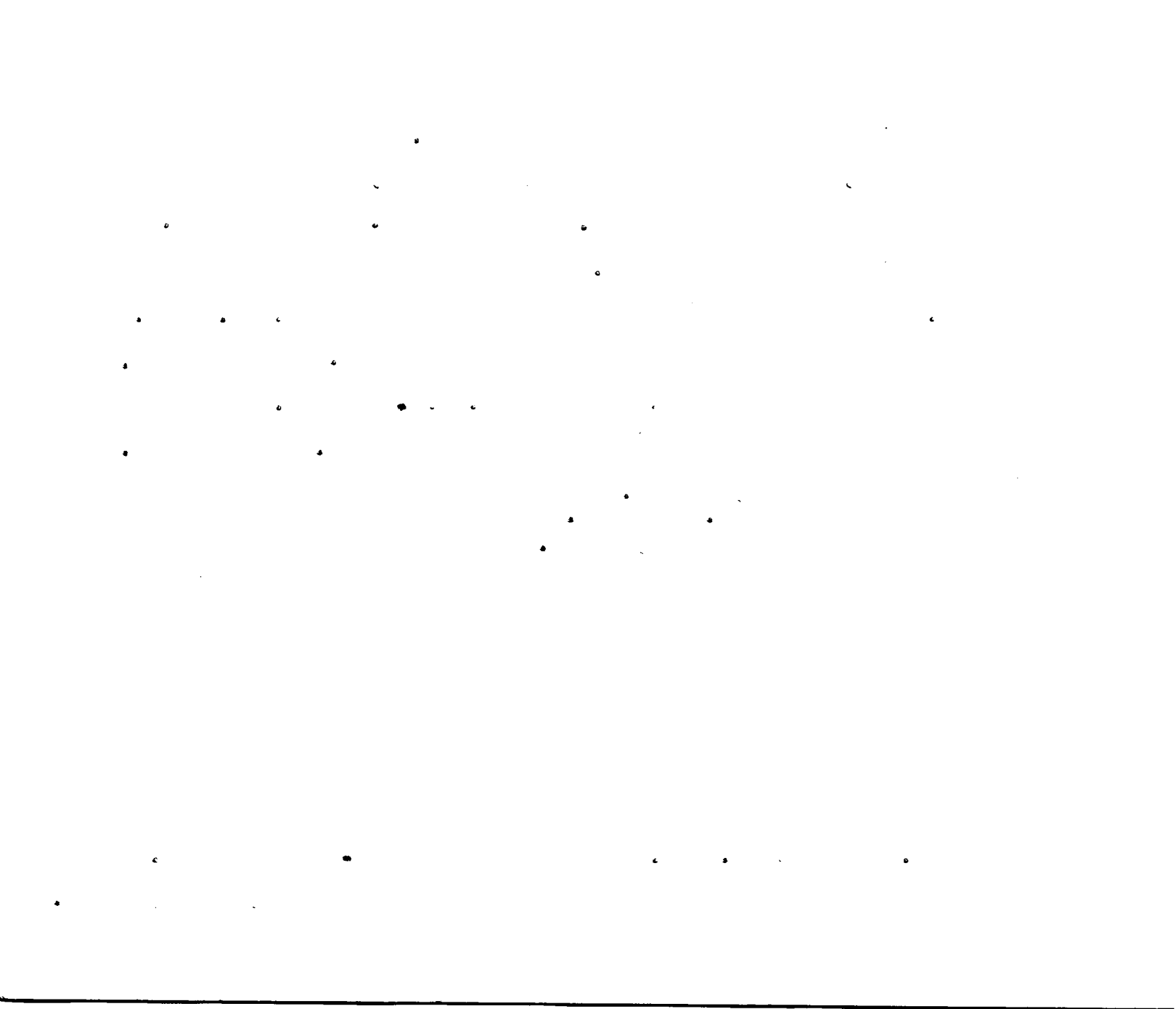
1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada	b. CITY (If outside corporate limits, write RURAL and give township) Boise	a. STATE Idaho	b. COUNTY Ada
c. FULL NAME OF HOSPITAL OR INSTITUTION St Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 2011 No. 16th St.	
3. CHILD'S NAME (Type or Print) John Paul Mitchell			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 26th 1951
7. FATHER'S NAME a. (First) Frank		b. (Middle) Mitchell	
c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Buhl Idaho	11a. USUAL OCCUPATION Lineman	11b. KIND OF BUSINESS OR INDUSTRY Telephone Co
12. MOTHER'S MAIDEN NAME a. (First) Catherine		b. (Middle) Ellen	
c. (Last) Day		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Buhl Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mrs John P. Day			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April, '51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta	
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature separation of placenta	
22. STATE ALL OPERATIONS FOR DELIVERY None		23a. ATTENDANT'S SIGNATURE Harvey L. Smith M.D.	
23b. DATE SIGNED 26 June, '51		23c. ATTENDANT'S ADDRESS Boise, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL J. McCann		23e. TITLE Schreiber-McCann-Gibson. Boise	
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 6/27/1951.	24c. NAME OF CEMETERY OR CREMATORY Twin Falls	24d. LOCATION (City, town, or county) (State) Twin Falls Idaho
DATE REC'D BY LOCAL REG. 7-2-51		25. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson. Boise	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No. 088Local Reg. No. 370Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY: <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>6310. Poplar Street.</u>	
3. CHILD'S NAME (Type or Print) <u>PAUL ANDY KNAPEK</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 26 1951</u>
7. FATHER'S NAME a. (First) <u>Anthony</u> b. (Middle) <u>Knappek</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Little Neck. Long Island. N.Y.</u>	11a. USUAL OCCUPATION <u>Laborer.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Hazel</u> b. (Middle) <u>Arletta</u> c. (Last) <u>Hart</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Salem, Oregon.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Anthony Knappek</u> <u>6310. Poplar St.</u> <u>Boise, Idaho.</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None Determined</u> 20b. MATERNAL CAUSES <u>Retroplacental Hemorrhage Possible Corded</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>David M.D.</u> 23b. DATE SIGNED <u>6-27-51</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>Elmer E Summers</u> <u>Summers Funeral Home, Boise, Idaho.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>June 27 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery, Boise, Idaho.</u>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>7-2-51</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		



RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No. 089

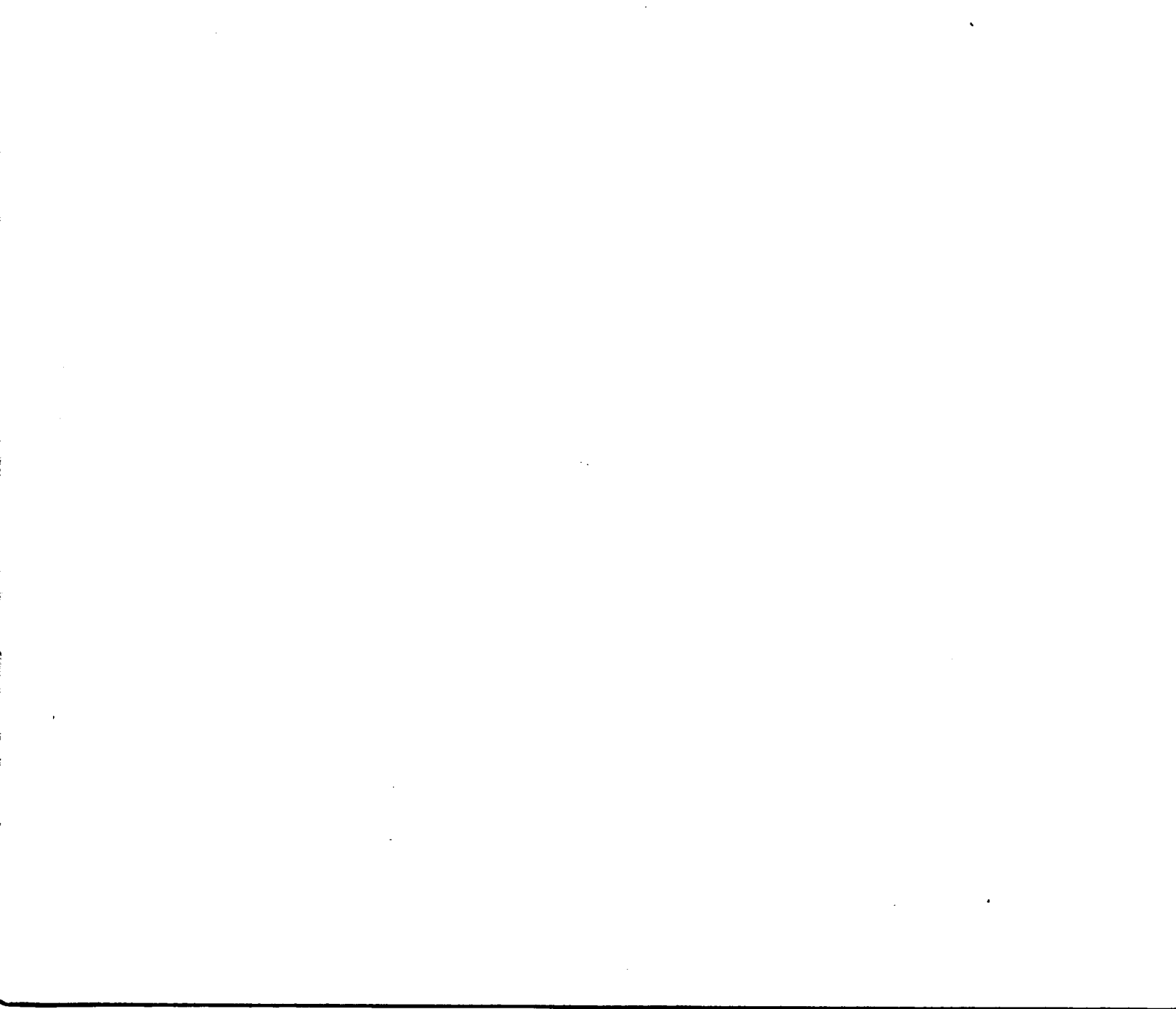
Local Reg. No.

Reg. Dist. No. 522

DIVISION OF VITALS

State of Idaho

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bear Lake	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township)	Montpelier Idaho	b. COUNTY	Bear Lake
c. FULL NAME OF HOSPITAL OR INSTITUTION	Bear Lake Memorial Hospital	c. CITY (If outside corporate limits, write RURAL and give township)	Montpelier Idaho
3. CHILD'S NAME (Type or Print)		d. STREET ADDRESS (If rural, give location)	
Baby Michelson		Hospital	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Month () Day () Year ()
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Lloyd E.		b. (Middle) Michelson	
c. (Last) white			
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Blackfoot Idaho	Manager for Highway	Trucking
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Nadine		b. (Middle) Dance	
c. (Last) white			
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
23 YEARS	Pittsburg Pennsylvania	a. How many children are now living? 1	
		b. How many children were born alive but are now dead? None	
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT			
A. Lloyd E. Michelson			
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 WEEKS	6 LBS. 5 OZS.	Approximate date Jun 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		Hydrocephalus	
		20b. MATERNAL CAUSES	
		None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
None		None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		L. J. T. J. M. D.	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED	
Montpelier, Idaho		6 July 1957	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
T. H. Matthews			
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	June 26 1957	Montpelier Cemetery	Montpelier Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
7/16/57	T. H. Matthews	T. H. Matthews	



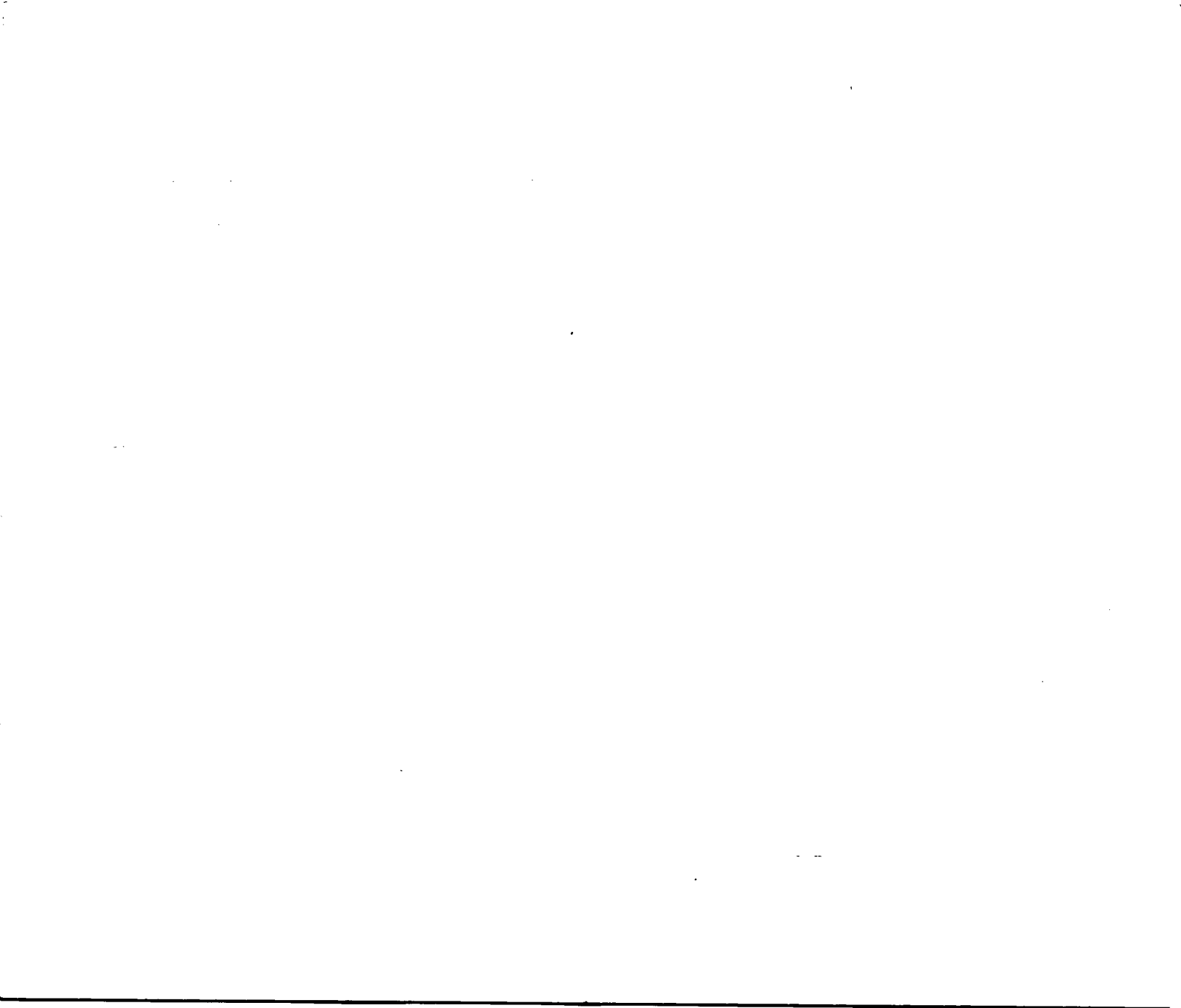
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 090Local Reg. No. 86Reg. Dist. No. 60-2

JUN 11 1951

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bingham Blackfoot Hospital Bldg. St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot Bldg. St. Rt. #3</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Center & Lansing St. Route #3</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Thornock</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input checked="" type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 3, 1951</u>
7. FATHER'S NAME a. (First) <u>William</u>		b. (Middle) <u>Thornock</u>	
c. (Last) <u>white</u>		8. COLOR OR RACE	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bloomington, Idaho</u>	11a. USUAL OCCUPATION <u>Metal worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Body works</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Elaine</u>		b. (Middle) <u>Hancock</u>	
c. (Last) <u>white</u>		13. COLOR OR RACE	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Downey, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Louis D. Hancock</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not Known (? triplet Pregnancy)</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. Merrill Fisher M.D.</u>	
23b. DATE SIGNED <u>6-5-51</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6-5-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grove City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>
DATE REC'D BY LOCAL REG. <u>June 5-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Helen E. Farnie</u>	26. FUNERAL DIRECTOR <u>Howard Pickham</u>	ADDRESS <u>Blackfoot, Idaho</u>



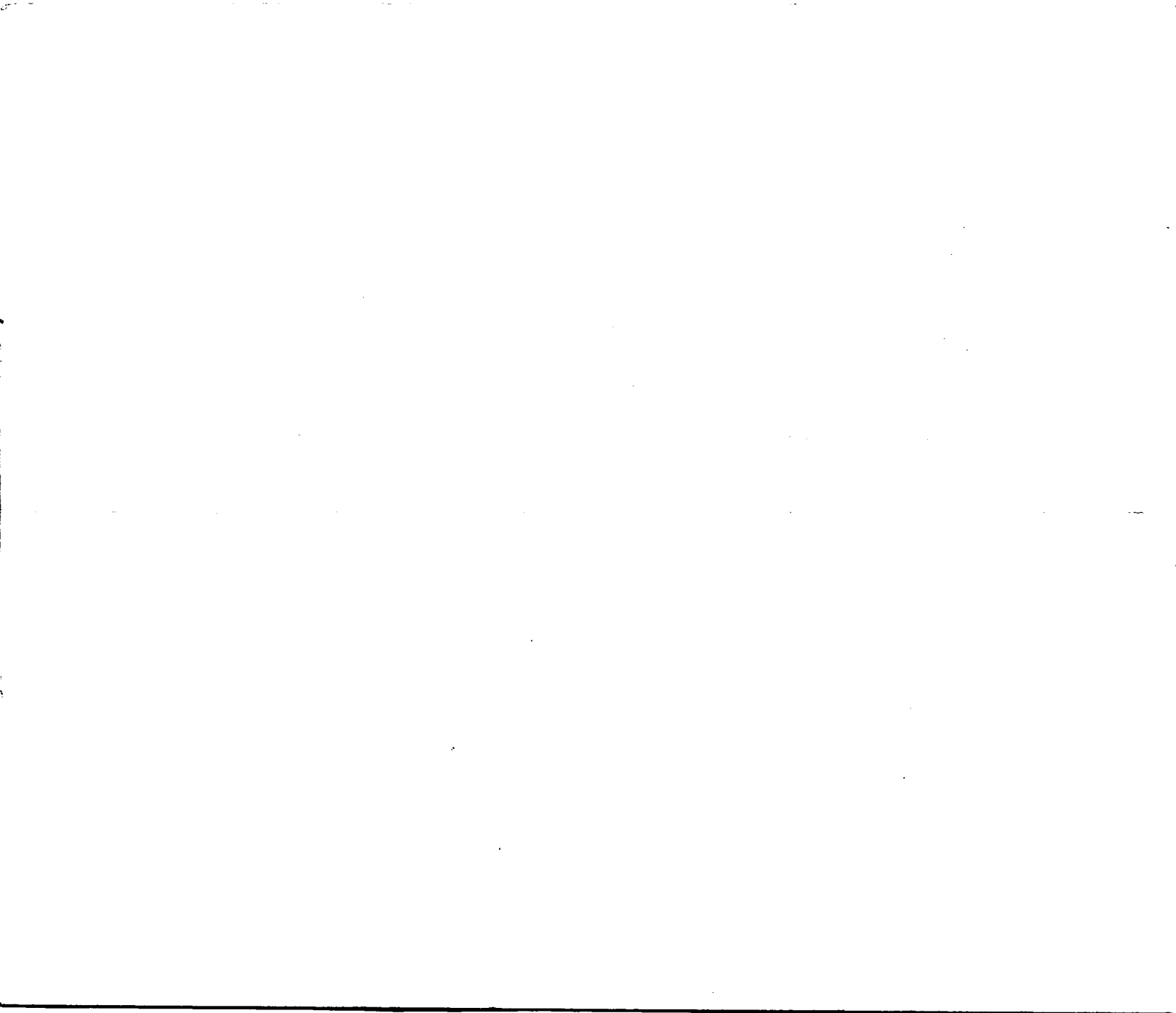
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JUN 9 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTHState File No. 091
Local Reg. No. 157
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelley, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Hanson</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 7, 1951</u>
7. FATHER'S NAME a. (First) <u>Louis</u> b. (Middle) <u>Calvert</u> c. (Last) <u>Hansen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Shelley, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Emily</u> b. (Middle) <u>Bonita</u> c. (Last) <u>Crooks</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Harlen Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mrs. Louis C. Hanson</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Sept 51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cord tightly twisted, completely shutting of blood supply.</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>fetus died in utero 3 wks before delivery</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>labor induced - membranes ruptured</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Walter G. Arge M.D.</u>	23b. DATE SIGNED <u>26 June 51</u>
		23c. ATTENDANT'S ADDRESS <u>Shelley, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leo A. Williams</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>	25b. DATE <u>6-7-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Williams</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 6-1951</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. FUNERAL DIRECTOR <u>Leo A. Williams</u> ADDRESS <u>Idaho Falls</u>	



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(1949 Revision of Standard Certificate)

JUL 9 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 092

Local Reg. No. 145

Reg. Dist. No. 210

DIVISION OF VITAL

STATISTICS

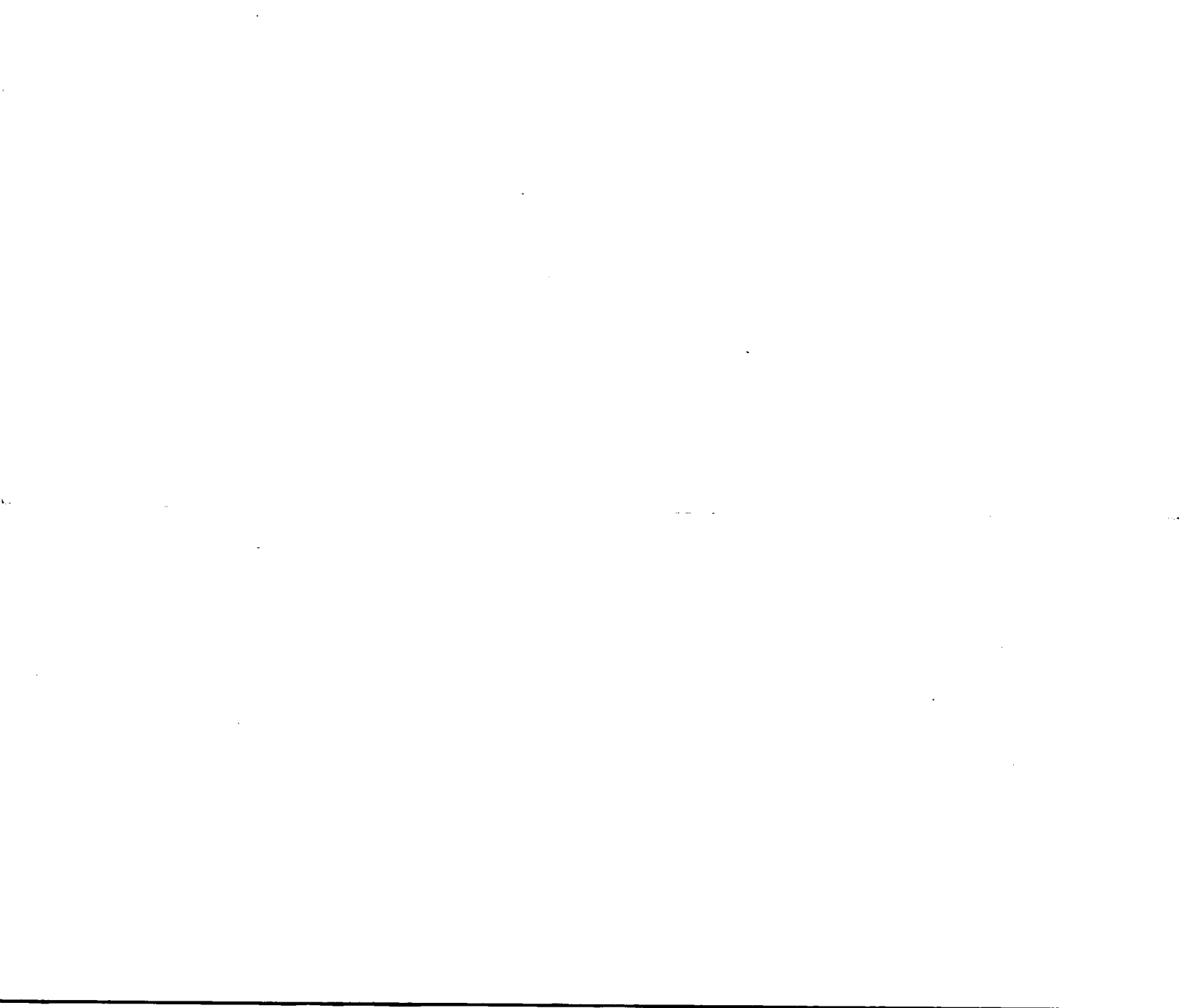
1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Terreton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>BABY LOWE</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 16, 1951</u>
7. FATHER'S NAME a. (First) <u>DAN</u> b. (Middle) <u>W.</u> c. (Last) <u>LOWE</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>44</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>LOVEDA</u> b. (Middle) <u>BUTT</u> c. (Last)		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>10</u> b. How many children were born alive but are now dead? <u>3</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>x Dan W Lowe</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> <u>Y39.5</u>	
		20b. MATERNAL CAUSES <u>15th baby. Unable to carry last 4 to term</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature 7 1/2 mo</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>June 16, 1951 m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Milton T. Rees M.D.</u>	
23b. DATE SIGNED <u>6-25-51</u>		23c. ATTENDANT'S ADDRESS <u>Idaho Falls Id</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Bruce A. Eckert</u>		23e. TITLE <u>Reg.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant Central Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Grant Jefferson, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>June 29-1951</u>		26. FUNERAL DIRECTOR <u>Bruce A. Eckert</u>	
REGISTRAR'S SIGNATURE <u>Anna Sledge</u>		ADDRESS <u>Idaho.</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 2122
Reg. Dist. No. 121

093

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wendell</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Valentine's Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gooding</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wendell</u> d. STREET ADDRESS (If rural, give location) <u>Box 243 X</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Jo Carpenter</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 23, 1951</u>
7. FATHER'S NAME a. (First) <u>Russell</u> b. (Middle) <u>Richard</u> c. (Last) <u>Carpenter</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Erma</u> b. (Middle) <u>Lois</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Russell Carpenter</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April, 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>cord wrapped 3 tight turns about head</u>		
	20b. MATERNAL CAUSES <u>unknown</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:20 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>Maurice E. Schell M.D.</u>	23b. DATE SIGNED <u>5-30-51</u>
		23c. ATTENDANT'S ADDRESS <u>Wendell Ida.</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 23, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wendell</u>	25d. LOCATION (City, town, or county) (State) <u>Wendell, Ida.</u>
DATE REC'D BY LOCAL REG. <u>June 22, 1951</u>	REGISTERAR'S SIGNATURE <u>Sister M. Rose, R.N.</u>		26. FUNERAL DIRECTOR <u>Myrtle Jenne</u>
ADDRESS <u>Wendell, Ida.</u>			



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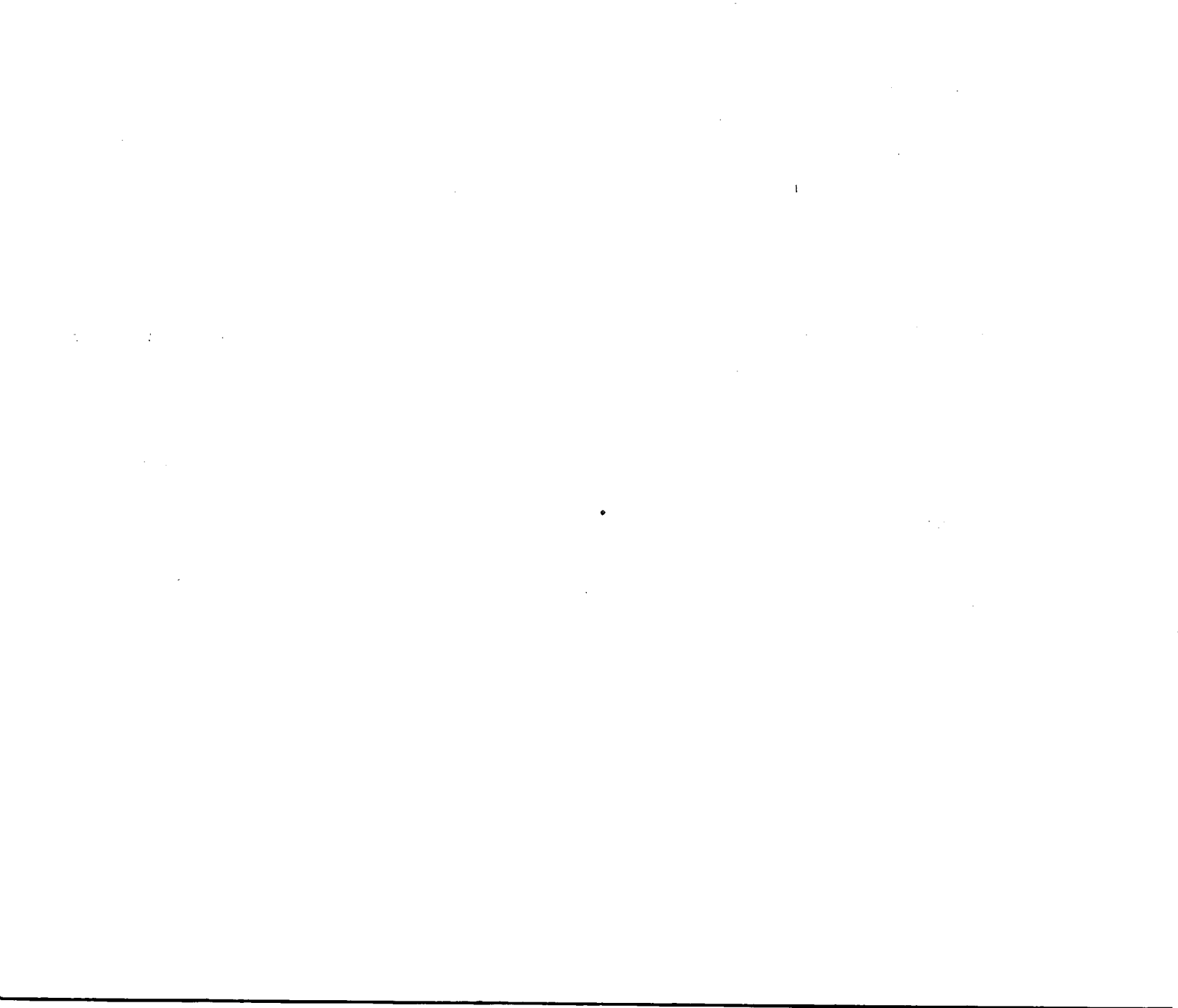
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 094
Local Reg. No. 8
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d' Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Post Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City General</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. CHILD'S NAME (Type or Print) <u>Elizabeth Streeter</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 26, 1951</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>Dean</u> c. (Last) <u>Streeter</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Tillamook, Oregon</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Virginia</u> b. (Middle) <u>Allen</u> c. (Last) <u>Shelton</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pasadena, Calif.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. R. D. Streeter</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>September</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u> 20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>y39.6</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>William T. Wood, M.D.</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>7-13-51</u>	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>7-16-51</u>		26. FUNERAL DIRECTOR ADDRESS <u>Lorraine K. Brush</u>	



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 5 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL

State of Idaho

State File No. 095

Local Reg. No. 7

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH

a. COUNTY Kootenai

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Coeur d' Alenec. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho

b. COUNTY Kootenai

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Coeur d' Alened. STREET ADDRESS (If rural, give location)
512-So. 14th, St.

3. CHILD'S NAME

(Type or Print)

JAMES ALLEN Shadenholm

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH

(Month) (Day) (Year)

June 15, 1951

7. FATHER'S NAME

a. (First)

Laurel

b. (Middle)

Shadenholm

c. (Last)

8. COLOR OR RACE

White

9. AGE (At time of this birth)

42

YEARS

10. BIRTHPLACE (State or foreign country)

Bradner, Ohio

11a. USUAL OCCUPATION

Army

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Agnes

b. (Middle)

c. (Last)

Ness

13. COLOR OR RACE

White

14. AGE (At time of this birth)

37

YEARS

15. BIRTHPLACE (State or foreign country)

Post Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

Three

b. How many children were born alive but are now dead?

None

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None

17. INFORMANT

Mr. M. Cartwright Coeur d' Alene Idaho

18a. LENGTH OF PREGNANCY

8-Months

18b. WEIGHT AT BIRTH

5 LBS. 1/2 OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Y36.2

20b. MATERNAL CAUSES

Premature separation of Placenta (abruptio placentae)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Multiple scars in placenta

22. STATE ALL OPERATIONS FOR DELIVERY

Cesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

6-18-51

23c. ATTENDANT'S ADDRESS

Coeur d' Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

June 18 1951

25c. NAME OF CEMETERY OR CREMATORY

Forest Cemetery

25d. LOCATION (City, town, or county)

Coeur d' Alene

(State)

Idaho

DATE REC'D BY LOCAL REG.

6-18-51

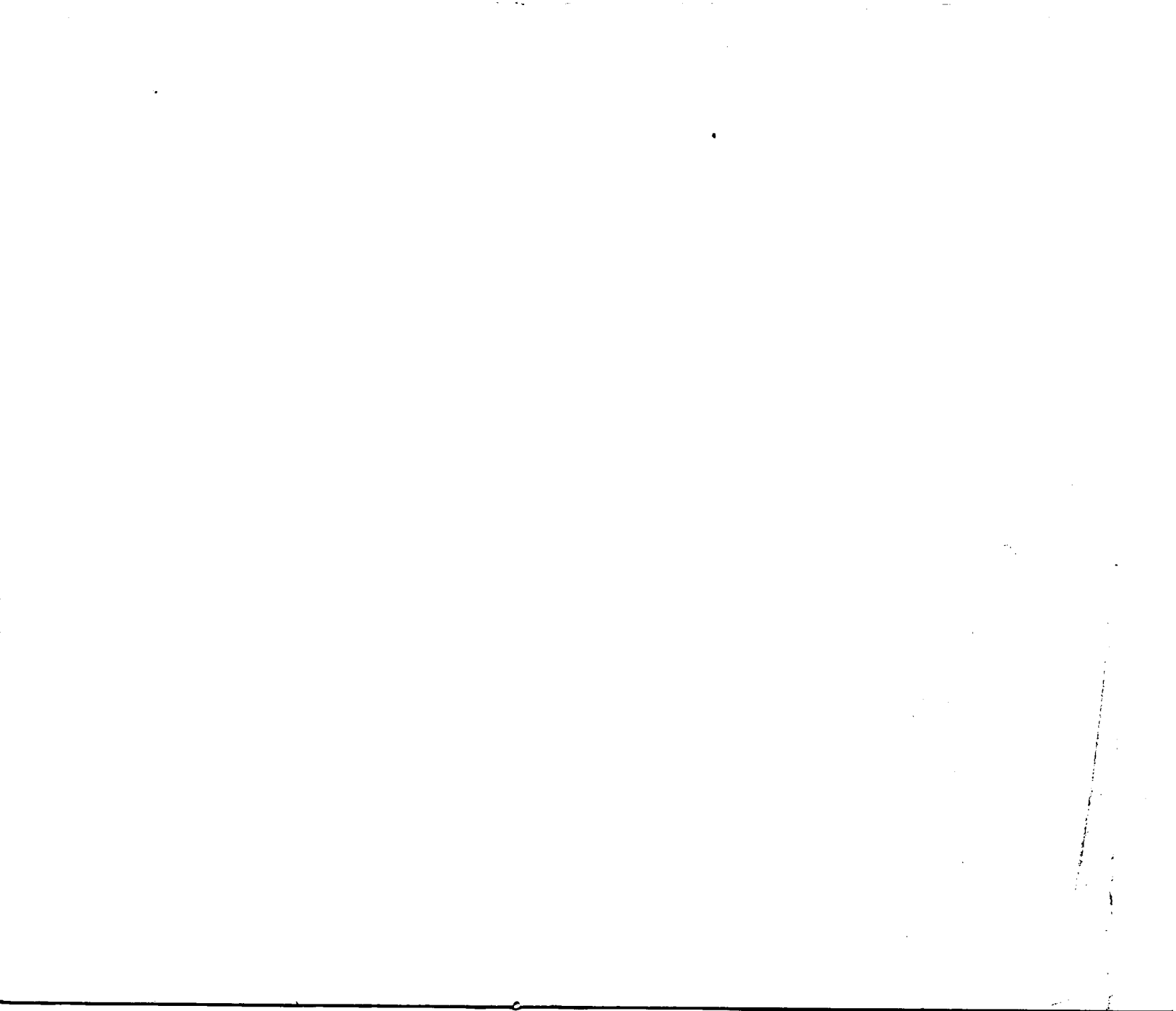
REGISTRAR'S SIGNATURE

Lorraine K. Brush

26. FUNERAL DIRECTOR

ADDRESS

Coeur d' Alene, Idaho



RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

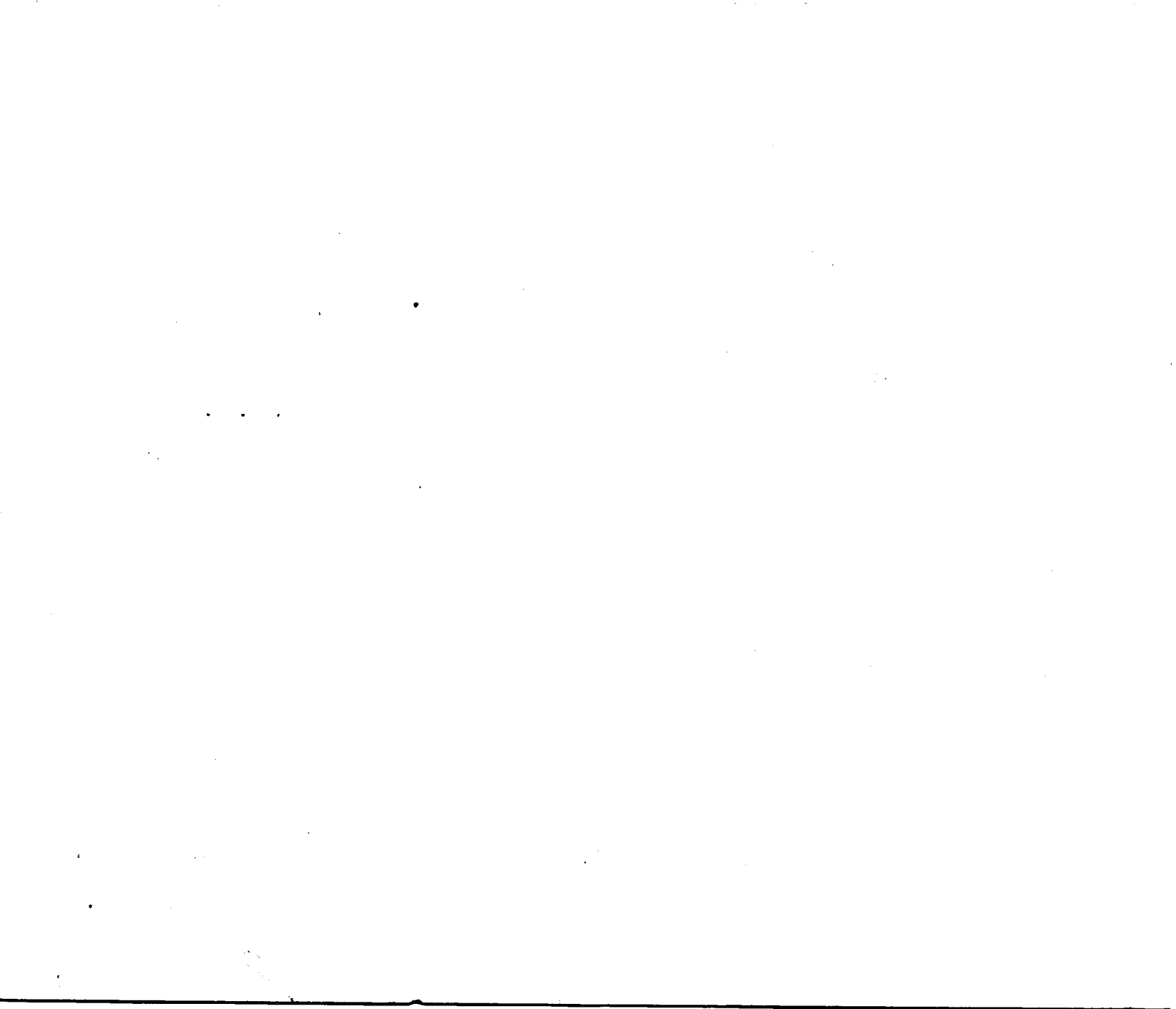
State of Idaho

State File No.

Local Reg. No. 120Reg. Dist. No. 220

096

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY NezPerce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spalding	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph's Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Thomas Hill			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 26 1951
7. FATHER'S NAME a. (First) Isaac b. (Middle) c. (Last) Hill		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Craigmont	11a. USUAL OCCUPATION Lumber man	11b. KIND OF BUSINESS OR INDUSTRY P. F. I.
12. MOTHER'S MAIDEN NAME a. (First) Nora b. (Middle) c. (Last) Jackson		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Lapwai,	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? no	
17. INFORMANT Isaac Hill			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date December 1950	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anacrophalic 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:50 P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John E. Braddock M.D. 23b. DATE SIGNED 29 June 1951	
23c. ATTENDANT'S ADDRESS 707-11 1/2 St. Lewiston		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE June 29, 1951	25c. NAME OF CEMETERY OR CREMATORY Lapwai, Idaho	25d. LOCATION (City, town, or county) (State) Lapwai, NezPerce Idaho.
DATE REC'D BY LOCAL REG. 6/30/51		26. FUNERAL DIRECTOR ADDRESS Ruth J. Darwin Andrew F. Vasson Lewiston, Idaho.	



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICERECEIVED
JUN 25 1951
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

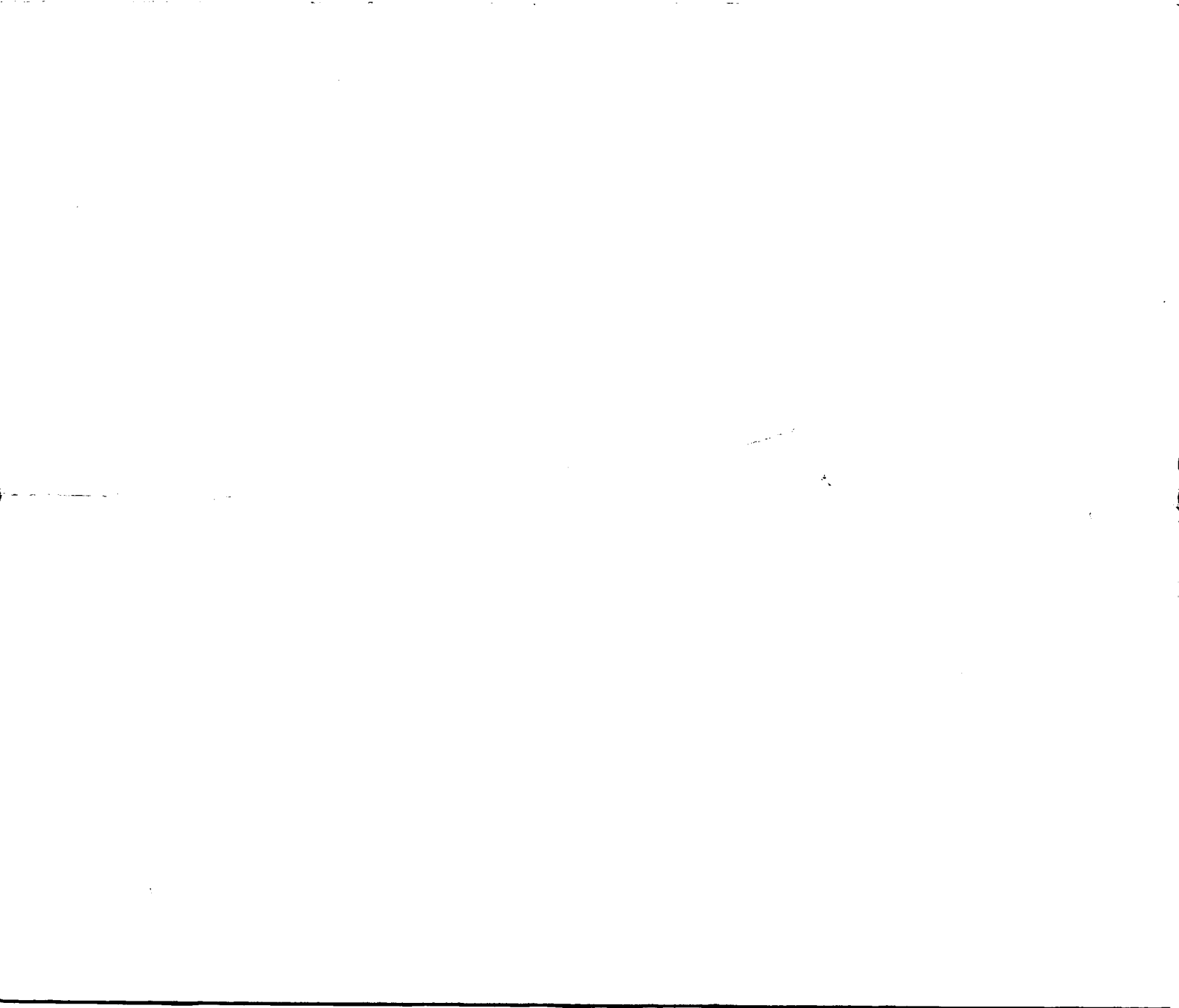
State of Idaho

State File No. 097

Local Reg. No. 47

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY OR TOWN <u>Kellogg</u>		c. CITY OR TOWN <u>Kellogg</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardner</u>		d. STREET ADDRESS (If rural, give location) <u>204 A West Brown</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Boy Atha</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 30 1951</u>
7. FATHER'S NAME a. (First) <u>Willis</u> b. (Middle) <u>M.</u> c. (Last) <u>Atha</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>46</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11a. USUAL OCCUPATION <u>Smelter Worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Smelter</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>L.</u> c. (Last) <u>M'Donald</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>None</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>Y 36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Stillborn - Rhupio Placenta</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert E. Loken</u>	
		23b. DATE SIGNED <u>6-4-51</u>	
23c. ATTENDANT'S ADDRESS <u>Kellogg Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>Mar 31 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>
DATE REC'D BY LOCAL REG. <u>6/20/51</u>	REGISTRAR'S SIGNATURE <u>John Loken</u>	26. FUNERAL DIRECTOR ADDRESS <u>Granville Road Kellogg Idaho</u>	



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JUN 19 1951

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DIVISION OF VITAL

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 008

Local Reg. No. 77251

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY OR TOWN <u>Kellough</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Creek district</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardner</u>		d. STREET ADDRESS (If rural, give location) <u>Sunshine Star Route</u>	
3. CHILD'S NAME (Type or Print) <u>Terold D. Bainter</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 20, 1951</u>
7. FATHER'S NAME a. (First) <u>Terold</u> b. (Middle) <u>M</u> c. (Last) <u>Bainter</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>South Dakota</u>	11a. USUAL OCCUPATION <u>miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Bunker Hill Mine</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Pulson</u> c. (Last) <u>White</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Minnesota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Terold D. Bainter</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> <u>Y36.2</u>	
		20b. MATERNAL CAUSES <u>Abruption placenta, complete.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See 20 B</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Glen M. Whitel</u>	23b. DATE SIGNED <u>22 June 51</u>
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6/22/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	25d. LOCATION (City, town, or county) (State) <u>Kellough Idaho</u>
DATE REC'D BY LOCAL REG. <u>6-22-51</u>	REGISTRAR'S SIGNATURE <u>J. J. White</u>	26. FUNERAL DIRECTOR <u>Funeral Home</u>	ADDRESS <u>Kellough Idaho</u>

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JUL 9 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

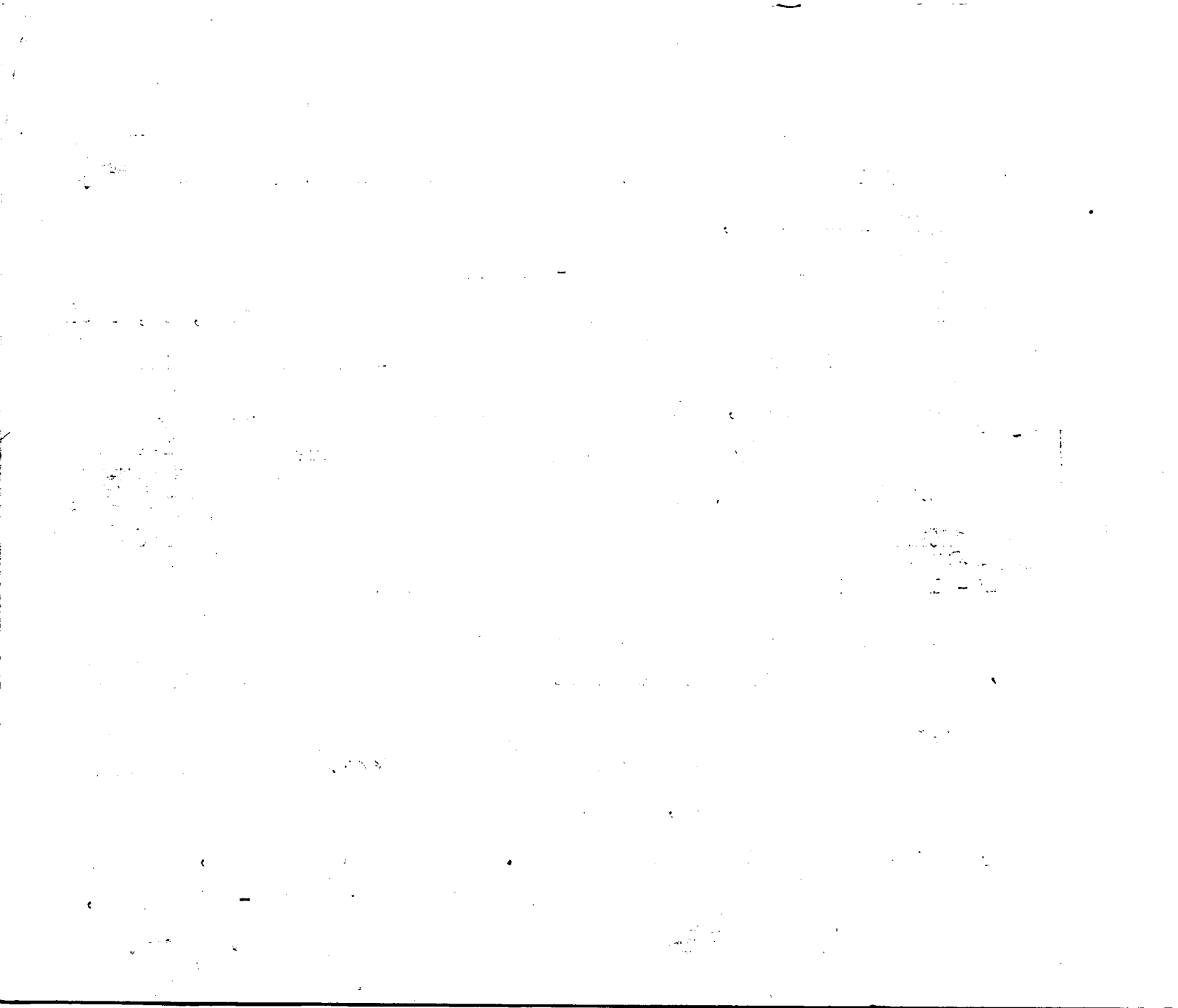
State of Idaho

State File No. 009

Local Reg. No.

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Route #2</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Route #2</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Twin Falls, Route #2</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Mary Florence Davis-Marcell</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June, 30, 1951</u>		
7. FATHER'S NAME a. (First) <u>Victor</u> b. (Middle) <u>Cullum</u> c. (Last) <u>Davis-Marcell</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>York, Nebraska</u>	11a. USUAL OCCUPATION <u>salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>oil</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Edith</u> b. (Middle) <u>Geraldine</u> c. (Last) <u>Corlett</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Butte, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>			
17. INFORMANT <u>father</u>					
18a. LENGTH OF PREGNANCY <u>20-21</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1951</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature rupture of membranes</u> 20b. MATERNAL CAUSES <u>Missed late abortion</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Langley Schaefer M.D.</u>		23b. DATE SIGNED <u>7/3/51</u>	
23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>James E. Reynolds</u> TITLE <u>Register</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>7/2/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Co. Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>July 5, 1951</u>	REGISTRAR'S SIGNATURE <u>Jane Anderson</u>		26. FUNERAL DIRECTOR <u>Reynolds Funeral Home-Twin Falls, Ida</u>		



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(1949 Revision of Standard Certificate)

DIVISION OF VITAL

CERTIFICATE OF STILLBIRTH

STATISTICAL

State of Idaho

State File No.

Local Reg. No. 376Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Roberts</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 27 1951</u>
7. FATHER'S NAME a. (First) <u>Jefferson</u>		b. (Middle)	c. (Last) <u>Roberts</u>
9. AGE (At time of this birth) <u>36</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>London, Ontario, Canada</u>	11a. USUAL OCCUPATION <u>Electrician</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Melesse</u>		b. (Middle) <u>F.</u>	c. (Last) <u>Glazier</u>
14. AGE (At time of this birth) <u>31</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Alberta, Canada</u>	13. COLOR OR RACE <u>White</u>
17. INFORMANT <u>Jeff Roberts</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>FEB 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Erythroblastosis</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	
23b. DATE SIGNED <u>7-30-51</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 31, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-6-51</u>	REGISTRAR'S SIGNATURE <u>Maryle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Schreiber-McCann-Gibson. Boise</u> <u>J. McCann</u>	

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(1949 Revision of Standard Certificate)

AUG 7 1951

CERTIFICATE OF STILLBIRTH

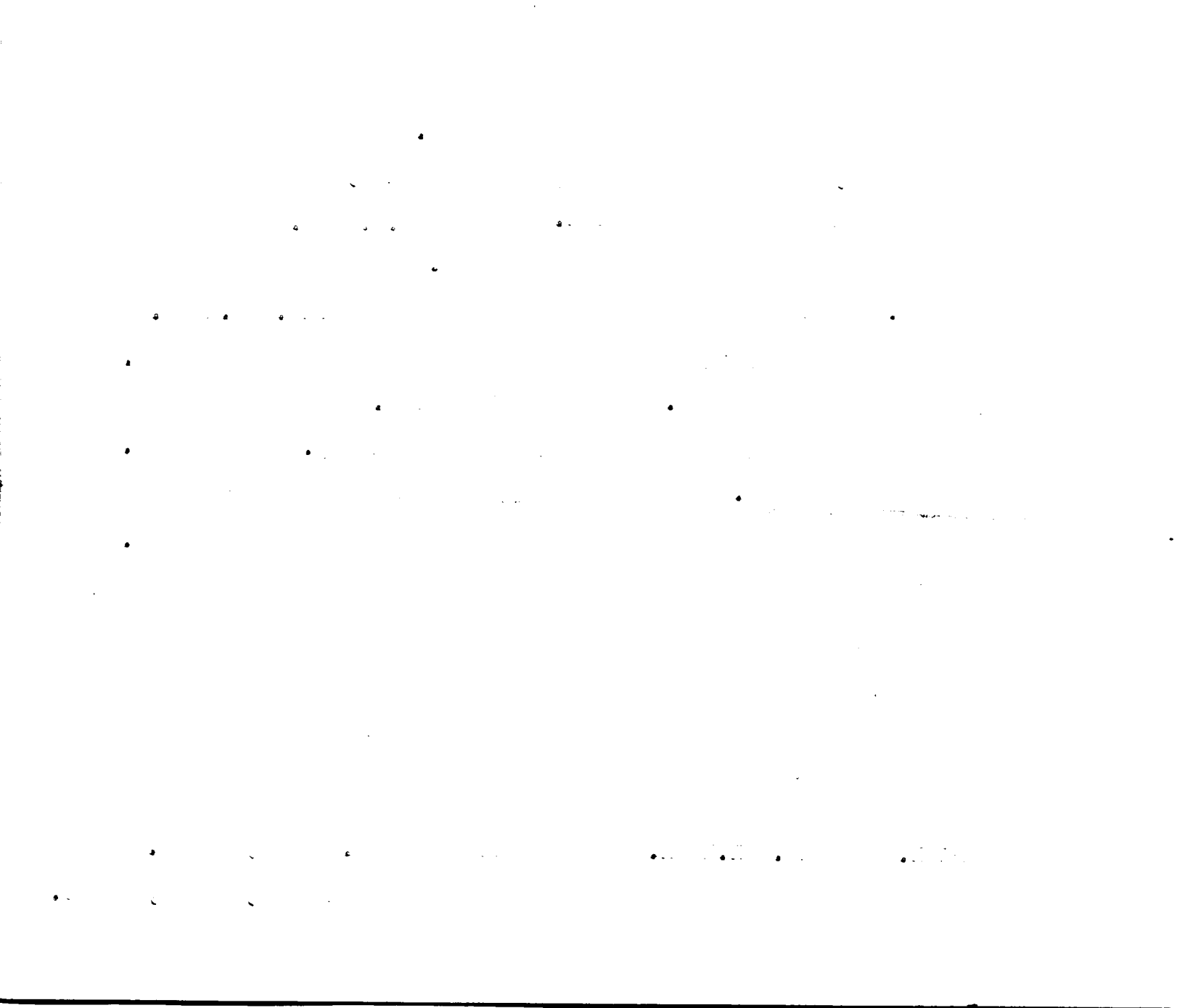
State of Idaho

State File No. 101

Local Reg. No. 281

Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital.</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>R.D. # 5.</u>		
3. CHILD'S NAME (Type or Print) <u>BABY</u> <u>GIRL</u> <u>LEE.</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July, 30, 1951.</u>		
7. FATHER'S NAME a. (First) <u>Martin</u> b. (Middle) c. (Last) <u>Lee</u>		8. COLOR OR RACE <u>White.</u>			
9. AGE (At time of this birth) <u>53</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Iowa.</u>	11a. USUAL OCCUPATION <u>Cab Driver.</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Thelma</u> b. (Middle) <u>Arlene</u> c. (Last) <u>Bishop.</u>		13. COLOR OR RACE <u>White.</u>			
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Iowa.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None.</u>			
17. INFORMANT <u>Edna E Bishop R.D. 5 Boise, Id.</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u> <u>7-30-51</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known.</u> 20b. MATERNAL CAUSES <u>not known.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None.</u>			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7-30-51</u> m. <u>A</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Max D. Lismuncken M.D.</u>		23b. DATE SIGNED <u>7-31-51</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>July. 31. 1951.</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery. Boise, Idaho.</u>		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8-6-51</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Summers Funeral Home, Boise, Idaho.</u>			



JUL 31 1951

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

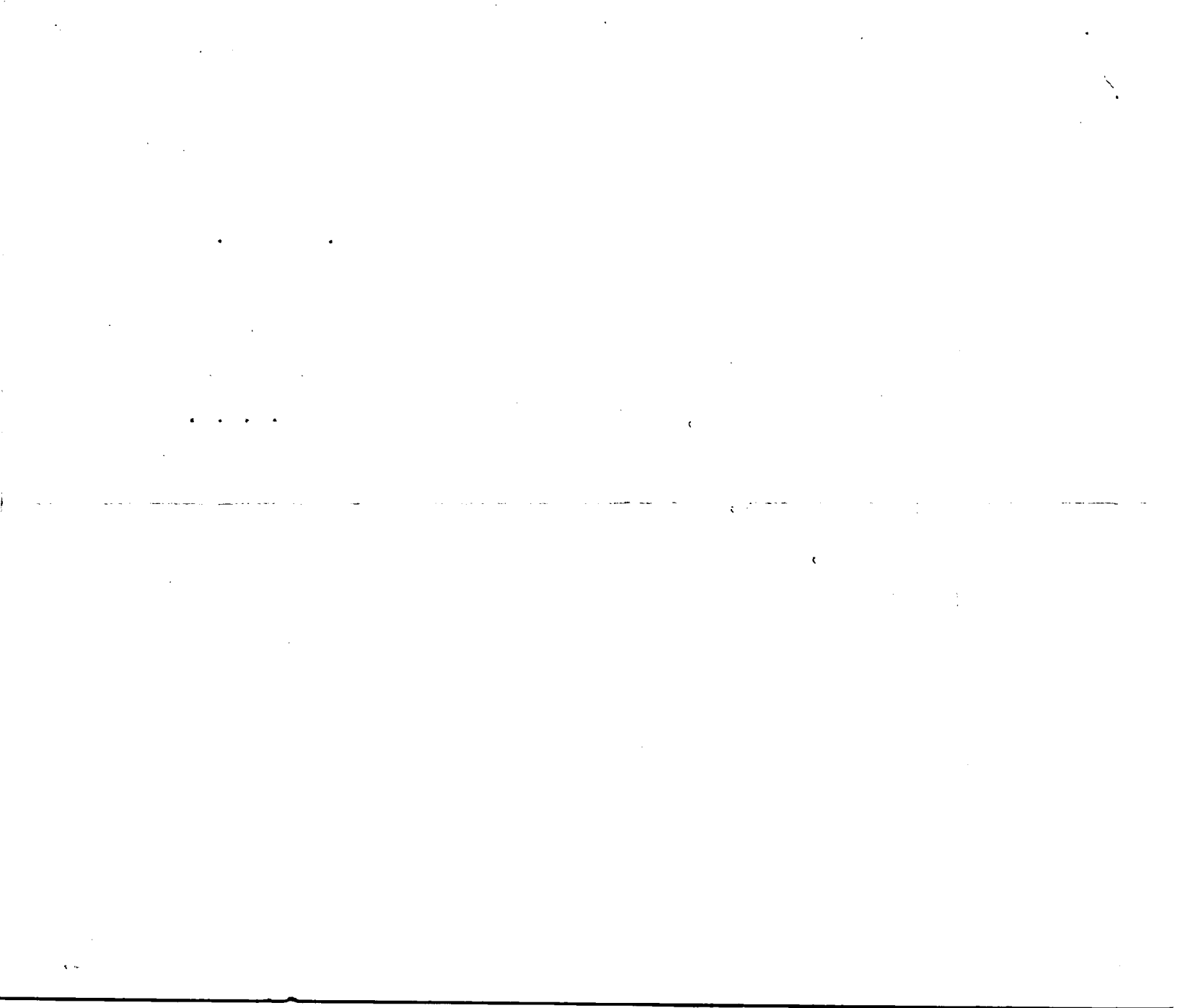
State of Idaho

State File No. 102

Local Reg. No. 194

Reg. Dist. No. 5-1

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Pocatello General Hosp		d. STREET ADDRESS (If rural, give location) 1456 No. 1st St.	
3. CHILD'S NAME (Type or Print) Baby Boy Mestaz			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 22 1951
7. FATHER'S NAME a. (First) Federico b. (Middle) c. (Last) Mestaz		8. COLOR OR RACE Mexican	
9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) Guadalupe, Mexico	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
12. MOTHER'S MAIDEN NAME a. (First) Carmen b. (Middle) c. (Last) Ortega		13. COLOR OR RACE Mexican	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Sonora, Mexico	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 9 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Carmen Mestaz, Mother			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7/36.4	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Detached placenta hemorrhage	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Maternal hemorrhage 6 weeks ago		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE D. C. Ray		23b. DATE SIGNED 6-23-1951
	23c. ATTENDANT'S ADDRESS MD		24. SIGNATURE OF AUTHORIZED OFFICIAL MD
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 6-25-51	25c. NAME OF CEMETERY OR CREMATORY Mountainview
25d. LOCATION (City, town, or county) (State) Pocatello Idaho		25e. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REG. 7-30-51	REGISTRAR'S SIGNATURE Jessie J. Powell	26. FUNERAL DIRECTOR Byron B. Davenport	
		ADDRESS Pocatello Idaho	



JUL 31 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 103

Local Reg. No. 192

Reg. Dist. No. 210

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pocatello General Hosp.		d. STREET ADDRESS (If rural, give location) 13 Campus Drive	
3. CHILD'S NAME (Type or Print) Baby Girl Dalley			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 4, 1951
7. FATHER'S NAME a. (First) Carl b. (Middle) James c. (Last) Dalley		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Aberdeen, Idaho	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY Idaho State College
12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) Lucille c. (Last) Wedel		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Aberdeen, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Helen Lucille Dalley, Mother			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 35.3	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Post Cardiac Arrest</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Harriet H. Howard M.D.</i>	
		23b. DATE SIGNED <i>July 5, 1951</i>	
23c. ATTENDANT'S ADDRESS <i>Pocatello, Ida</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Jessie Z. Powell</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE July 9, 1951	
25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery		25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE July 9, 1951		26. FUNERAL DIRECTOR <i>Jessie Z. Powell</i>	
		ADDRESS Pocatello, Idaho	

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RECEIVED (1949 Revision of Standard Certificate)

JUL 25 1951 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 104

Local Reg. No. 186

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) Pocatello General Hosp.		d. STREET ADDRESS (If rural, give location) 252 So. 1st	
3. CHILD'S NAME (Type or Print) Baby Girl Heath			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 7, 1951
7. FATHER'S NAME a. (First) James b. (Middle) Leroy c. (Last) Heath		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Corporal	11b. KIND OF BUSINESS OR INDUSTRY U.S. Army Tank Division
12. MOTHER'S MAIDEN NAME a. (First) Dorothy b. (Middle) Laraine c. (Last) Lewis		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT Dorothy Heath, Mother			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH LBS. 39.6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-9-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None apparent.	
		20b. MATERNAL CAUSES None apparent.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY None.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. L. Olsen, M.D.	
23b. DATE SIGNED 7-9-51		23c. ATTENDANT'S ADDRESS The Cannon, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Jerrie L. Powell		25. LOCATION (City, town, or county) (State) Pocatello, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE July 9, 1951	
25c. NAME OF CEMETERY OR CREMATORY The Cannon		25d. LOCATION (City, town, or county) (State) The Cannon, Idaho	
26. FUNERAL DIRECTOR Whitney Hall		ADDRESS Pocatello, Idaho	

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Form 100-1

Case No. 100-1

Date 100-1

Subject 100-1

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AUG 11 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
STATISTICS

State of Idaho

State File No. 105
Local Reg. No. 224
Reg. Dist. No. 5-1

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pocatello General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>177 Valley View Drive</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Davis</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 26, 1951</u>
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>K</u> c. (Last) <u>Davis</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>33 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>McCammon, Idaho</u>	11a. USUAL OCCUPATION <u>Dentist</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Armed Forces</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Jeanne</u> b. (Middle) <u>Hudson</u> c. (Last) <u>Hudson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>28 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Miles City, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 24 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Jeanne Davis, Mother</u>			
18a. LENGTH OF PREGNANCY <u>29 WEEKS</u>	18b. WEIGHT AT BIRTH <u>3 LBS. 0 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>7-28-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Premature separation of placenta - fetus dead</u>		
	20b. MATERNAL CAUSES <u> </u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u> </u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.	23a. ATTENDANT'S SIGNATURE <u>Dr. Robert</u>		23b. DATE SIGNED <u> </u>
	23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u> </u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-28-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mount Mariah</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL <u>AUG 9 1951</u>	REGISTRAR'S SIGNATURE <u>Jessie L. Samell</u>	26. FUNERAL DIRECTOR <u>Wm. B. Leonard</u>	ADDRESS <u>Pocatello Idaho</u>

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D.C.

REPORT OF INVESTIGATION

DATE OF REPORT: [REDACTED]

TO: [REDACTED]

FROM: [REDACTED]

SUBJECT: [REDACTED]

CHARACTER OF CASE: [REDACTED]

SYNOPSIS: [REDACTED]

Detailed Description: [REDACTED]

CONCLUSIONS: [REDACTED]

RECOMMENDATIONS: [REDACTED]

ADMINISTRATIVE: [REDACTED]

APPROVED AND FORWARDED: [REDACTED]

SPECIAL AGENT IN CHARGE

RECEIVED

AUG 11 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 108
Local Reg. No. 222
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 163 Melrose	
3. CHILD'S NAME (Type or Print) Baby Girl Hurley			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 7 30 51
7. FATHER'S NAME a. (First) Robert b. (Middle) H. c. (Last) Hurley		8. COLOR OR RACE white	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Junction City, Kansas	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY Z.C.M.I.
12. MOTHER'S MAIDEN NAME a. (First) Janice b. (Middle) Jean c. (Last) Beckner		13. COLOR OR RACE white	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Fort Riley, Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Robert H. Hurley father			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y 38.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES anencephalus	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hydramnios		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:29 p.m.		23a. ATTENDANT'S SIGNATURE Ralph B. Hegstad M.D. (Specify if M.D., midwife, or other) 23b. DATE SIGNED 8-1-51	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 9 1951 Jessie L. Powell		26. FUNERAL DIRECTOR ADDRESS	

OFFICE OF THE ATTORNEY GENERAL

State of Iowa

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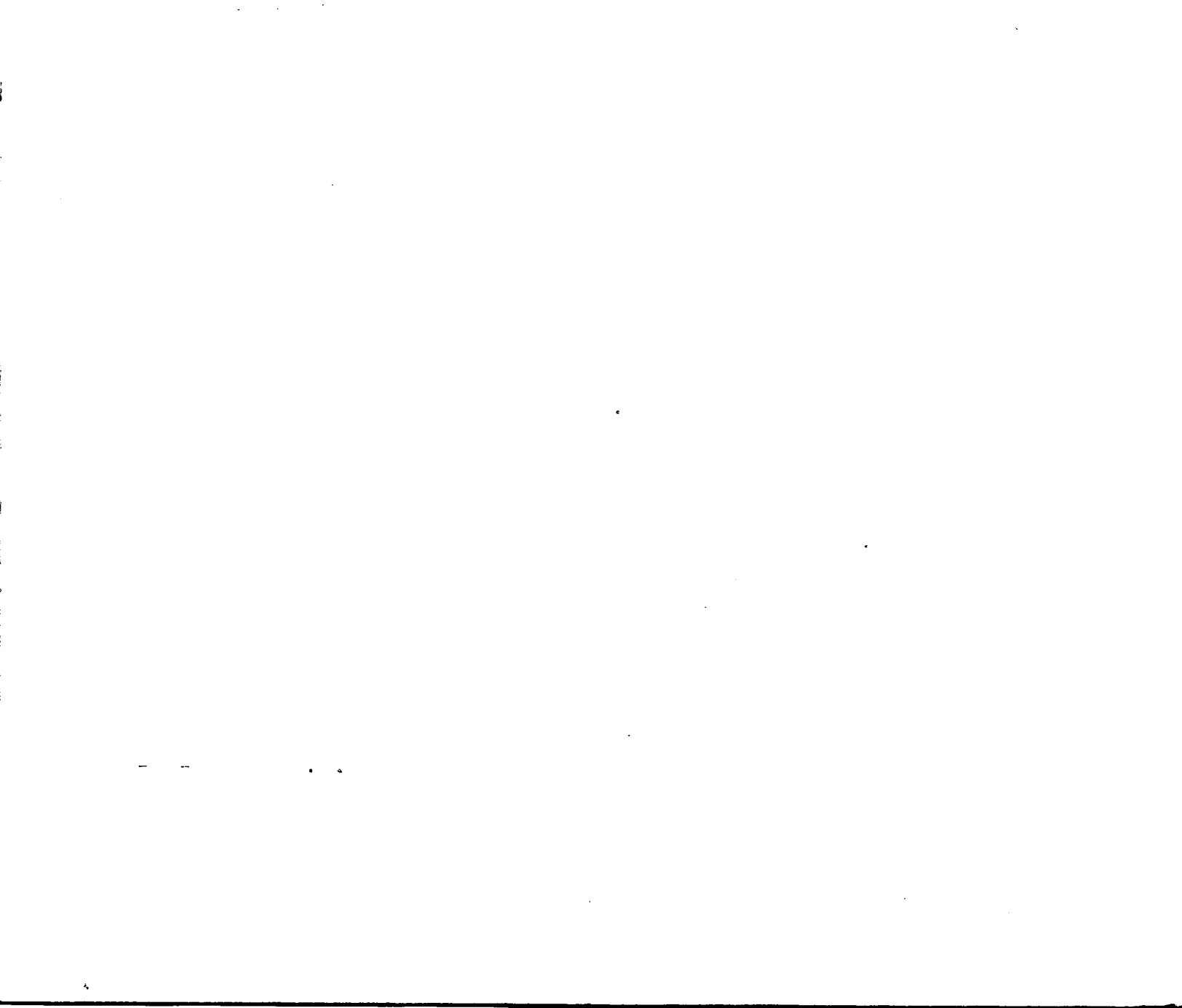
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE**RECEIVED** (1949 Revision of Standard Certificate)**AUG 3 1951** **CERTIFICATE OF STILLBIRTH****DIVISION OF VITAL** **State of Idaho**State File No. 137Local Reg. No. 2Reg. Dist. No. 135

1. PLACE OF STILLBIRTH STATISTICS			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Benewah			a. STATE Idaho b. COUNTY Benewah		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tensed			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tensed		
c. FULL NAME OF HOSPITAL OR INSTITUTION In their Home			d. STREET ADDRESS (If rural, give location) Tensed		
3. CHILD'S NAME (Type or Print)					
Ann Cora Scott					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 21 1951		
7. FATHER'S NAME a. (First) Arthur b. (Middle) Jorgen c. (Last) Scott			8. COLOR OR RACE White		
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Spokane Wash.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farming		
12. MOTHER'S MAIDEN NAME a. (First) Deloras b. (Middle) Nadine c. (Last) Cappo			13. COLOR OR RACE White		
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) California	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One			
17. INFORMANT Arthur J. Scott Father					
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH ** LBS. **OZS.	19. Was a standard serological test for syphilis performed? Yes No 39.6 Approximate date None			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES Smokes too much			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE W. E. Abeggen		23b. DATE SIGNED 7-22-51	
		23c. ATTENDANT'S ADDRESS Tekoa, Washington		24. SIGNATURE OF AUTHORIZED OFFICIAL D.O. TITLE	
		25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 7-23-51	
25c. NAME OF CEMETERY OR CREMATORY City		25d. LOCATION (City, town, or county) (State) Fairfield Wash			
DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE Loris R. Madison		26. FUNERAL DIRECTOR ADDRESS H. J. Jeger Fairfield, Wm	



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AUG 1 1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No. 138

Local Reg. No. 26

Reg. Dist. No. 412

1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Blaine	b. CITY (If outside corporate limits, write RURAL and give township) Hailey	a. STATE IDAHO	b. COUNTY Blaine
c. FULL NAME OF HOSPITAL OR INSTITUTION HAILEY CLINICAL		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) RENEE RUTTER			
4. SEX F.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 7 14 51
7. FATHER'S NAME	a. (First) MILTON	b. (Middle) FREDERICK	c. (Last) RUTTER
8. COLOR OR RACE White	9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Hailey Idaho	11a. USUAL OCCUPATION Carpenter
11b. KIND OF BUSINESS OR INDUSTRY	12. MOTHER'S MAIDEN NAME	a. (First) GLORIA	b. (Middle) JEAN
c. (Last) BERRY	13. COLOR OR RACE White	14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) DES MOINES IOWA
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		17. INFORMANT Milton Rutter	
a. How many children are now living? one	b. How many children were born alive but are now dead? none	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2 Jan 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Strangulation due to cord	
20b. MATERNAL CAUSES none		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none	
22. STATE ALL OPERATIONS FOR DELIVERY none		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Frank H. Harker M.D.	
23b. DATE SIGNED 18 July 51		23c. ATTENDANT'S ADDRESS Hailey, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Ray McGoldrick		TITLE Dr.	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 7-14-51	25c. NAME OF CEMETERY OR CREMATORY DOOF, Hailey	25d. LOCATION (City, town, or county) (State) Idaho
DATE REC'D BY LOCAL REG July 21-1951	REGISTRAR'S SIGNATURE Robert H. Wright per	26. FUNERAL DIRECTOR Ray McGoldrick	ADDRESS Hailey

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 109
Local Reg. No. 1
Reg. Dist. No. 110

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonner</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sandpoint</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #1, Sandpoint</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bonner Gen. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. CHILD'S NAME ((Type or Print)) <u>ROSE LEE MORROW</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7 2 51</u>
7. FATHER'S NAME a. (First) <u>Harry</u>		b. (Middle) <u>Morrow</u> c. (Last) <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Windham Mont</u>	11a. USUAL OCCUPATION <u>Logging</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Timber working</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Virginia</u>		b. (Middle) <u>Graves</u> c. (Last) <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sandpoint Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Harry Morrow</u> <u>Kootenai Idaho</u>			
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH — LBS. — OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>February 6, 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cord compression - (Cord wrapped around body)</u>		20a. FETAL CAUSES <u>None known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Vaginal delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:20 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Helene E. Peterson, M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>Sandpoint, Idaho</u>		23b. DATE SIGNED <u>7/5/51</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>July 7-1951</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Pinecrest Ceme.</u>		25d. LOCATION (City, town, or county) (State) <u>Sandpoint Idaho</u>	
DATE REC'D BY LOCAL REG. <u>July 7-1951</u>		26. FUNERAL DIRECTOR <u>Moore Funeral Home</u> <u>Sandpoint, Ida.</u>	

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(1949 Revision of Standard Certificate)

DIVISION OF VITALS

CERTIFICATE OF STILLBIRTH

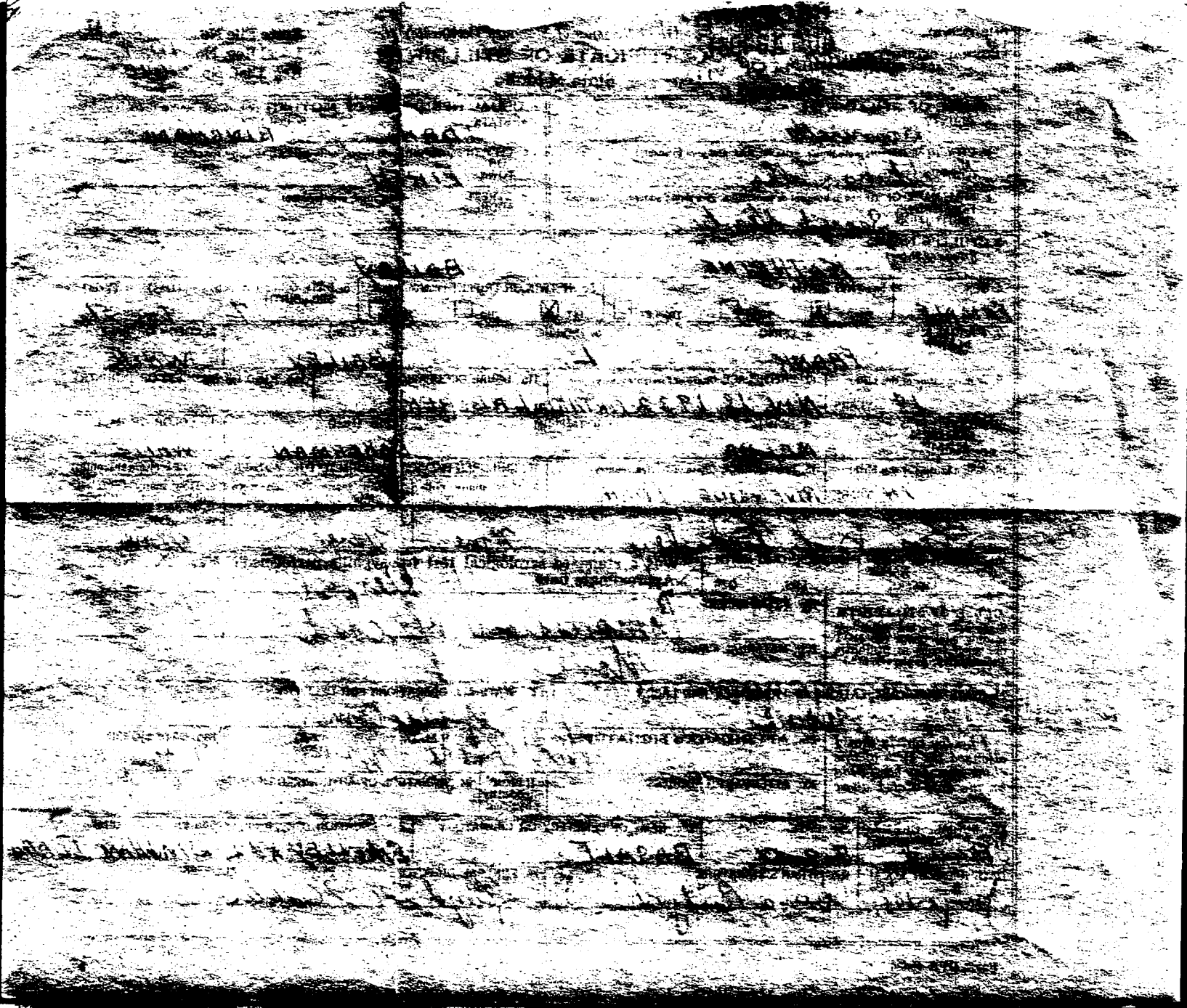
State of Idaho

State File No. 110

Local Reg. No. 159

Reg. Dist. No. 010

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonanza</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>BINGHAM</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FIRTH</u> d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>KATHRINE BAILEY</u>					
4. SEX <u>FEMALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7-9-51</u>		
7. FATHER'S NAME a. (First) <u>FRANK</u> b. (Middle) <u>L.</u> c. (Last) <u>BAILEY</u>		8. COLOR OR RACE <u>WHITE</u>			
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>NOV 18 1932 FIRTH IDAHO</u>	11a. USUAL OCCUPATION <u>LABORER</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>MELBA</u> b. (Middle) <u>OCKERMAN</u> c. (Last) <u>WHITE</u>		13. COLOR OR RACE <u>WHITE</u>			
14. AGE (At time of this birth) <u>14</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>RIVERSIDE IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>Frank L. Bailey</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec 51</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Compression of cord</u> 20b. MATERNAL CAUSES <u>None</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>episiotomy</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>MD R. R. R.</u>		23b. DATE SIGNED <u>9 July 51</u>	
23c. ATTENDANT'S ADDRESS		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lloyd M. Walden</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>7-9-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>BASALT</u>		25d. LOCATION (City, town, or county) (State) <u>STANLEY #2 BINGHAM IDAHO</u>	
DATE REC'D BY LOCAL REG. <u>July 11-1951</u>		REGISTRAR'S SIGNATURE <u>Anna Bridges</u>		26. FUNERAL DIRECTOR ADDRESS <u>Lloyd M. Walden</u>	



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DIVISION OF VITAL

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 111

Local Reg. No. 14

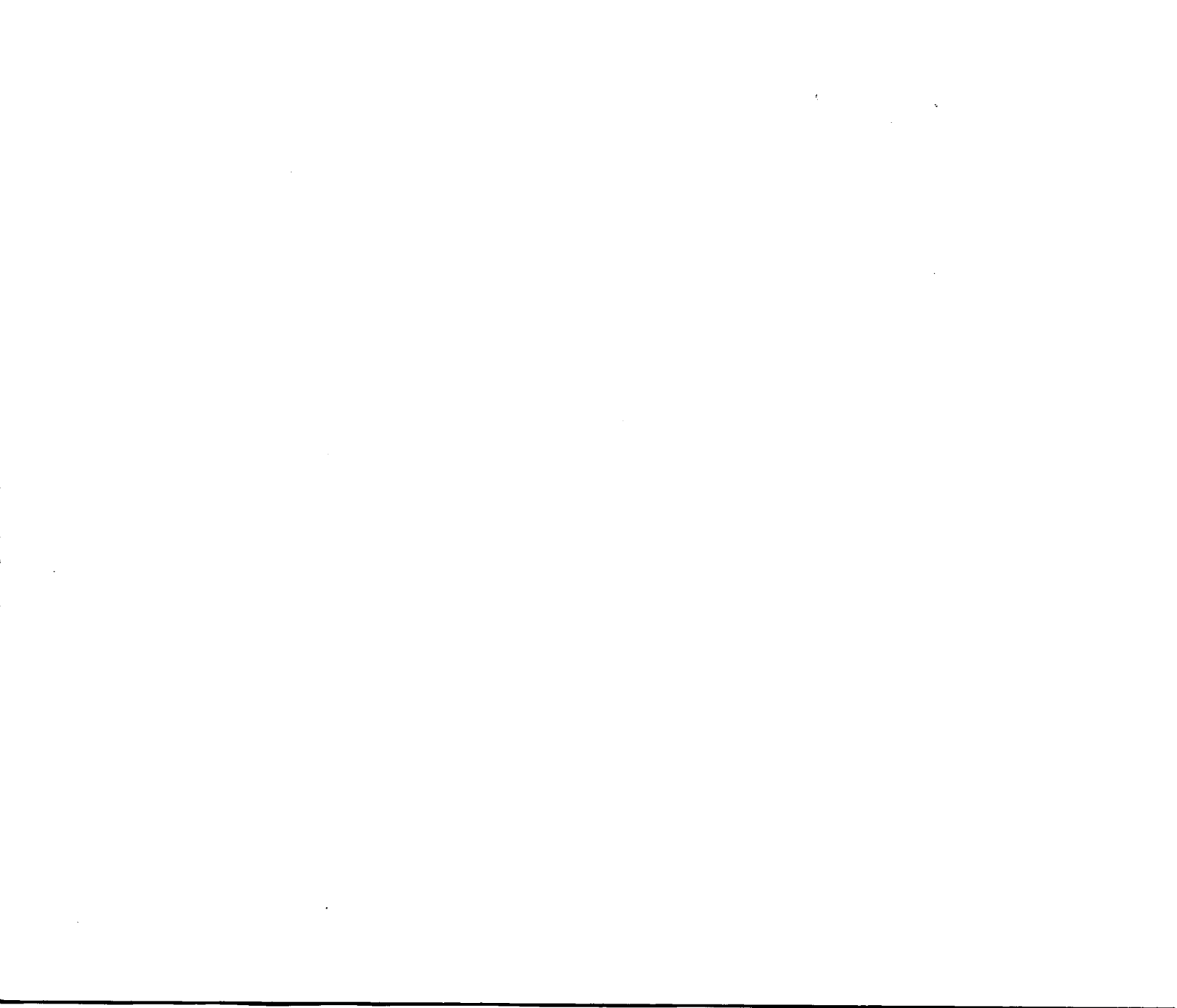
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon		a. STATE Idaho	b. COUNTY Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hosp.		d. STREET ADDRESS (If rural, give location) Rt 6	
3. CHILD'S NAME (Type or Print) Roy Nickel			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 25 1951
7. FATHER'S NAME	a. (First) Leroy	b. (Middle) Nickel	c. (Last) White
9. AGE (At time of this birth) 17 YEARS	10. BIRTHPLACE (State or foreign country) Wheatland Wyoming	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm Labor.
12. MOTHER'S MAIDEN NAME	a. (First) Doris	b. (Middle) Elaine	c. (Last) Gebhart
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Berwyn Neb.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 0	b. How many children were born alive but are now dead? 0
17. INFORMANT Leroy Nickel		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y 36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxia	
		20b. MATERNAL CAUSES Abruptio Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Abruptio Placenta		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) R. S. Ross	23b. DATE SIGNED 7/25/51
23c. ATTENDANT'S ADDRESS Caldwell Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 25-1951	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 7/28/51	REGISTRAR'S SIGNATURE Agnes M. Denman	26. FUNERAL DIRECTOR J. H. R. R. R.	ADDRESS Caldwell, Idaho

RECEIVED DIVISION OF VITAL STATISTICS CERTIFICATE OF STILLBIRTH State of Idaho

State File No. 112Local Reg. No. 17Reg. Dist. No. 32.3

1. PLACE OF STILLBIRTH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Kay</u>		d. STREET ADDRESS <u>Rt 4</u>	
3. CHILD'S NAME (Type or Print) <u>Nafsinger</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7</u> <u>1</u> <u>51</u>
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>H</u> c. (Last) <u>Nafsinger</u>	8. COLOR OR RACE <u>W</u>		
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Birmingham, Ill.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) <u>Maudie</u> c. (Last) <u>Hickler</u>	13. COLOR OR RACE <u>W</u>		
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Englewood, Ore.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mildred Maudie Nafsinger</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Prematurity of 5 mos</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Joe Salter MD</u> 23b. DATE SIGNED <u>7/12/51</u> 23c. ATTENDANT'S ADDRESS 23d. SIGNATURE OF AUTHORIZED OFFICIAL 23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Aug 7 1951</u>		26. FUNERAL DIRECTOR ADDRESS <u>Mrs Jane Stech</u>	



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1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 12
 Local Reg. No. 362
 Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Meray Hosp.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>Biola Flores</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7</u> <u>4</u> <u>51</u>
7. FATHER'S NAME a. (First) <u>Cligio</u> b. (Middle) c. (Last) <u>Flores</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Texas</u>	
11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY <u>Labour</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Domingo</u> b. (Middle) c. (Last) <u>Ramirez</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>29</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Texas</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>			
17. INFORMANT <u>Hosp Records By George H. Walker</u>			
18a. LENGTH OF PREGNANCY <u>Full term</u>		18b. WEIGHT AT BIRTH LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/6/51</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Nothing</u>	
20b. MATERNAL CAUSES <u>Bleeding-Placenta</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No</u>	
22. STATE ALL OPERATIONS FOR DELIVERY <u>No</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>G. S. Allen M.D.</u>	
23b. DATE SIGNED <u>7/6/51</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE		25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
25b. DATE <u>7/6/51</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
25d. LOCATION (City, town, or county) <u>Nampa</u>		25e. LOCATION (State) <u>Idaho</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Jane Smith</u>	
26. FUNERAL DIRECTOR <u>George H. Walker</u>		ADDRESS <u>Nampa Idaho</u>	

G Sanford Allen



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(1949 Revision of Standard Certificate)

AUG 13 1951

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

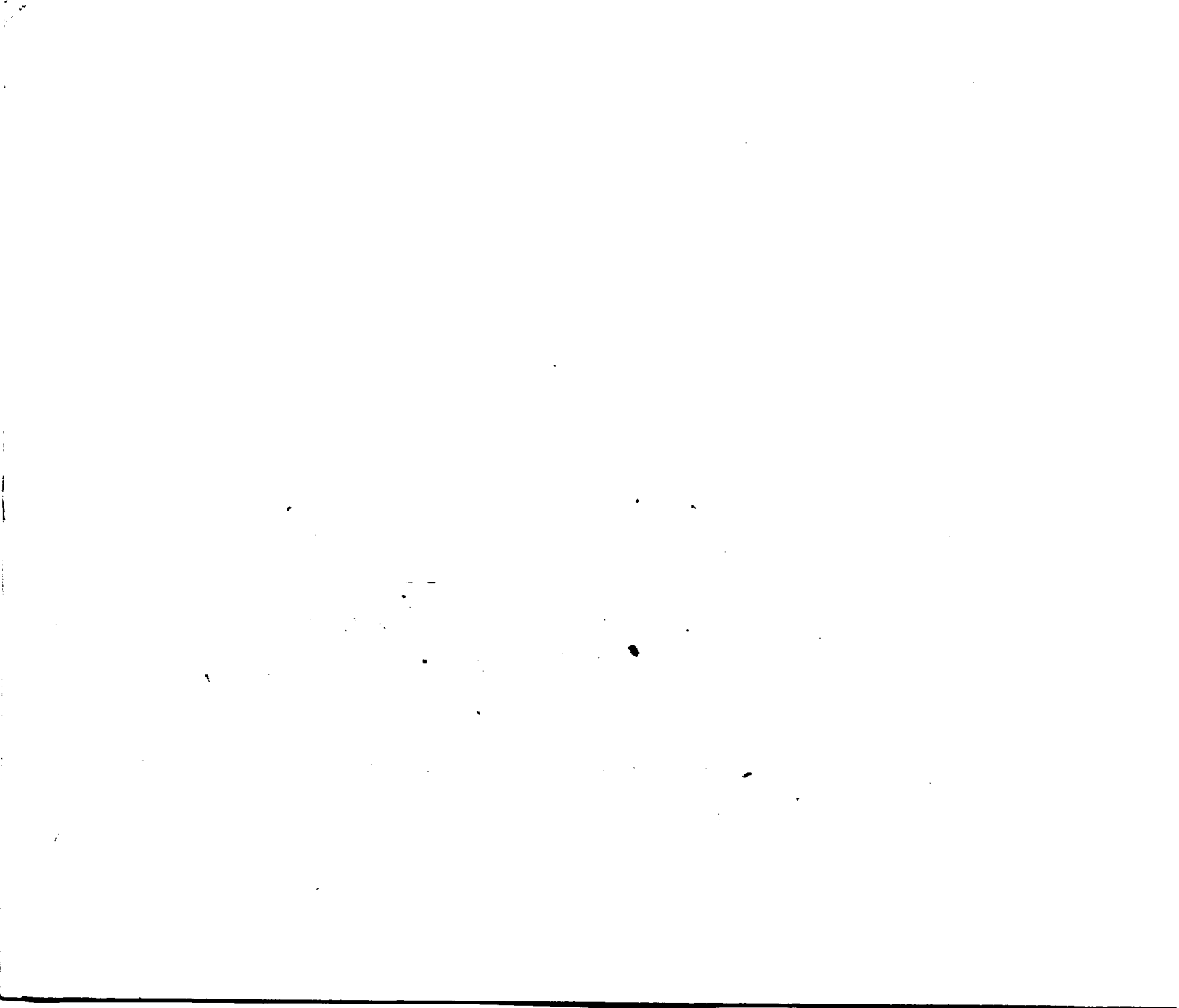
State of Idaho

State File No. 14

Local Reg. No. 13

Reg. Dist. No. 342

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <u>Canyon</u>			a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>204 Diamond</u>		
3. CHILD'S NAME (Type or Print) <u>RONNIE LOBATO</u>					
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 30, 1951</u>		
7. FATHER'S NAME a. (First) <u>JOE</u> b. (Middle) <u>S.</u> c. (Last) <u>LOBATO</u>		8. COLOR OR RACE <u>Spanish</u>			
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>New Mexico</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>ERMIE</u> b. (Middle) c. (Last) <u>SENA</u>		13. COLOR OR RACE <u>Spanish</u>			
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Fruta, Colo.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>Joe S Lobato</u>					
18a. LENGTH OF PREGNANCY <u>full term</u>	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>2-9-51</u> <u>Y 36.0</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prolonged Cord;</u> 20b. MATERNAL CAUSES <u>Pregnancy over term.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u> <u>Nampa, Idaho</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John Mangum MD</u>		23b. DATE SIGNED <u>8-6-51</u>	
23c. ATTENDANT'S ADDRESS <u>Nampa, Idaho</u>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John F Alsip</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7/31/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>Aug 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Jane Beck</u>		26. FUNERAL DIRECTOR <u>Robinson-Alsip Chapel</u> ADDRESS <u>Nampa, Idaho</u>	



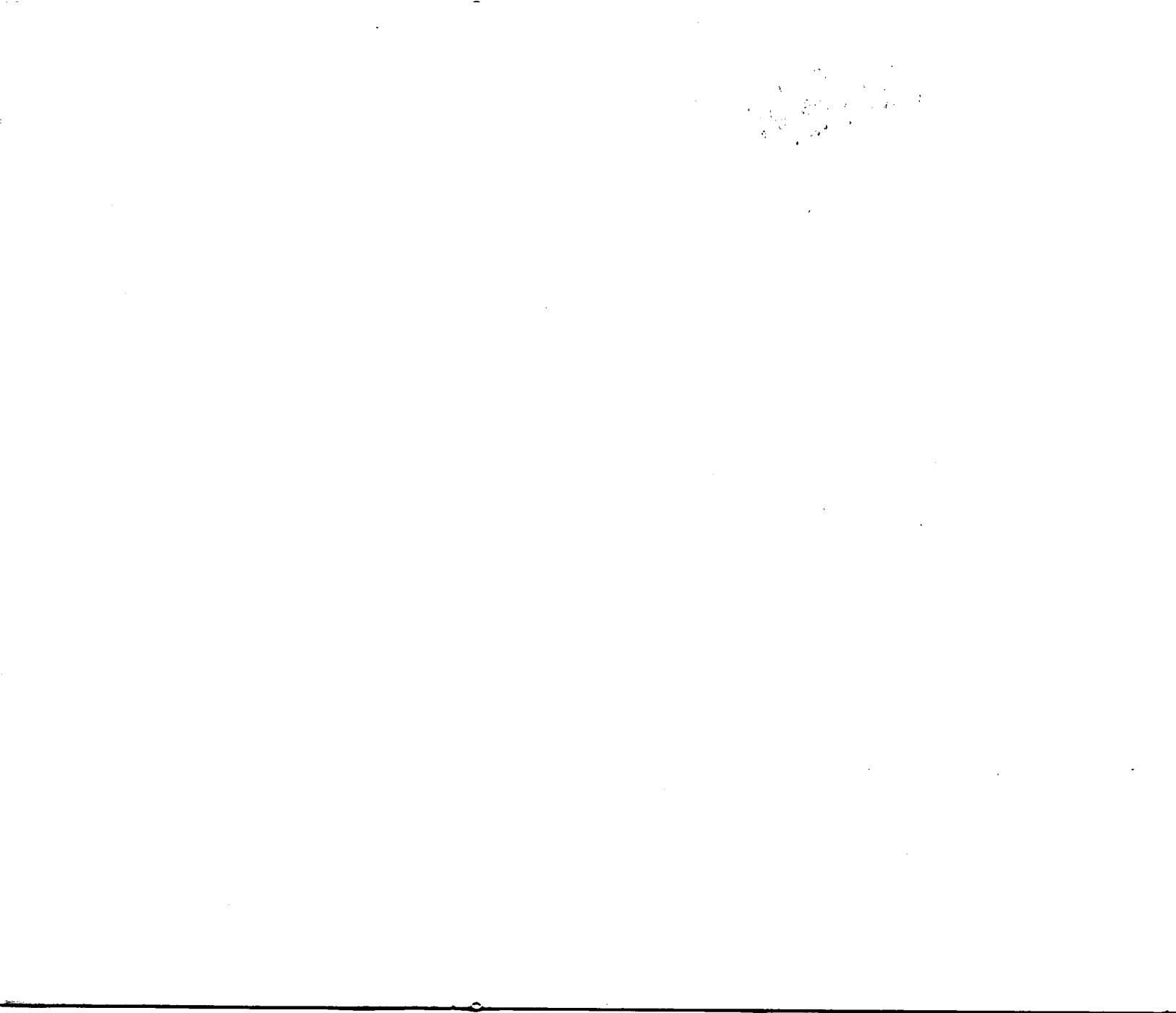
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DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS State of IdahoDeath 30 Death 13 Ark.
Birth 253 Birth 253
State File No. 253
Local Reg. No. 30253
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>335 North Overland (Bur. Del.)</u>	
3. CHILD'S NAME (Type or Print) <u>- Oaterhout</u>			
4. SEX <u>3</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Apr. 1 1951</u>
7. FATHER'S NAME a. (First) <u>Merlin</u> b. (Middle) <u>-</u> c. (Last) <u>Oaterhout</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>55 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Elba Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>not working</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Alta</u> b. (Middle) <u>-</u> c. (Last) <u>Rosa</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>43 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Ogden Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Alta Oaterhout mother</u>			
18a. LENGTH OF PREGNANCY <u>36 WEEKS</u>	18b. WEIGHT AT BIRTH <u>? LBS. ? OZS.</u>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>—</u> <u>—</u> <u>—</u> <u>y 39.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Miscarriage 1st & 2nd 6 week preg. Del</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7-45 P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>James R. Kischer</u>	23b. DATE SIGNED <u>4-4-1951</u>
		23c. ATTENDANT'S ADDRESS <u>Burley Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>—</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>4-1-1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Gen. method Hospital Furnace</u>	25d. LOCATION (City, town, or county) (State) <u>Burley Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-19-1951</u>	REGISTRAR'S SIGNATURE <u>B. J. Kilson</u>	26. FUNERAL DIRECTOR <u>Wesley B. McCulloch, Burley Idaho</u> <u>Cassia Co. Coroner</u>	



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(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. 116#

Local Reg. No. 338

Reg. Dist. No. 492

430

1. PLACE OF STILLBIRTH, a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Gooding</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Dietrich</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gooding Memorial</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS <u>Rural</u> (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Infant</u>			
4. SEX <u>7</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June - 12 - 1951</u>
7. FATHER'S NAME a. (First) <u>Harold Glen Casper</u>		b. (Middle) <u></u> c. (Last) <u></u>	
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) YEARS <u></u>	10. BIRTHPLACE (State or foreign country) <u>Casper - Wyo</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ada Louise Sorensen</u>		b. (Middle) <u></u> c. (Last) <u></u>	
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) YEARS <u></u>	15. BIRTHPLACE (State or foreign country) <u>Iowa</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>7</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>1205</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Y 36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Strangulation from cord around neck.</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>routine spontaneous delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>C. A. P.</u> m.		23a. ATTENDANT'S SIGNATURE <u>Myrtle C. Burdett</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>6-15-51</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Myrtle C. Burdett</u> TITLE <u></u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>June - 14 - 51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Farm home Dietrich</u>	25d. LOCATION (City, town, or county) (State) <u>Dietrich Idaho</u>
DATE REC'D BY LOCAL REG. <u>June - 15 - 51</u>	REGISTRAR'S SIGNATURE <u>Myrtle C. Burdett</u>	26. FUNERAL DIRECTOR <u>Myrtle C. Burdett - Shoshone Idaho</u>	

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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中國圖書公司

HONORABLE JUDGE NO. 12
 DISTRICT COURT
 ST. LOUIS, MISSOURI
 IN RE: THE ESTATE OF
 JAMES M. HARRIS, DECEASED

VERIFIED FOR CREDIT: 11-11-12

REPORT MADE IN ACCORDANCE WITH THE

7-21-68

... ..

THE UNIVERSITY OF CHICAGO

100-100000

DATE: 11-15-57

TO: [REDACTED]

100-443887-1

10-11-68

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10/15/68

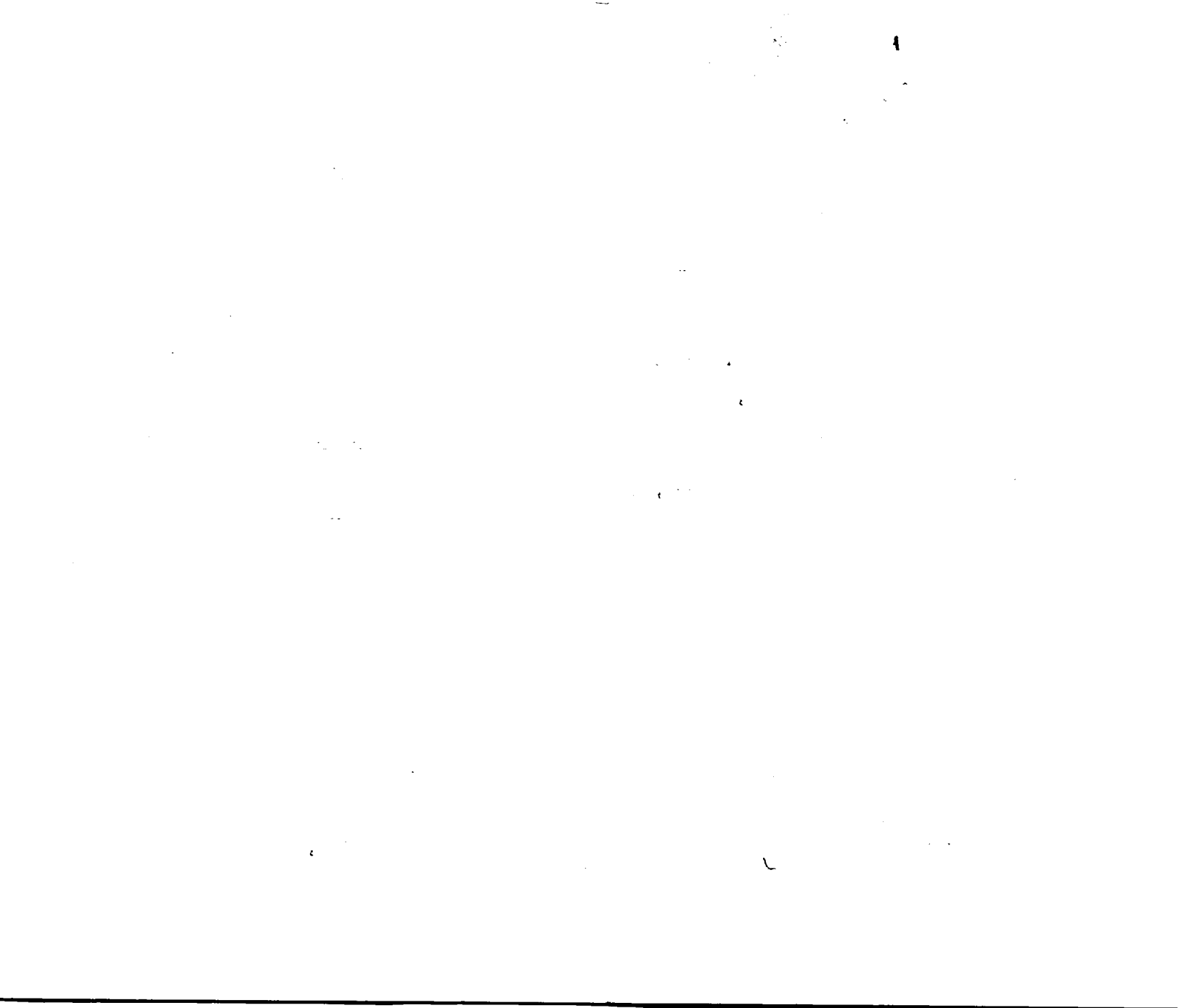
100-443887-100

RECEIVED

(1949 Revision of Standard Certificate)

AUG 11 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of IdahoState File No. 483Local Reg. No. 483Reg. Dist. No. 476

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Gooding		a. STATE Idaho	b. COUNTY Gooding
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bliss	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gooding Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) REX IVAN PRUETT			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 19, 1951
7. FATHER'S NAME a. (First) Ralph E. Pruett		b. (Middle)	c. (Last)
9. AGE (At time of this birth) 29 YEARS		10. BIRTHPLACE (State or foreign country) Ames, Oregon	11a. USUAL OCCUPATION Farmer
		11b. KIND OF BUSINESS OR INDUSTRY Farm	
12. MOTHER'S MAIDEN NAME a. (First) Edith		b. (Middle)	c. (Last) Harder
13. COLOR OR RACE White			
14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) Glenns Ferry, Idaho	
17. INFORMANT <i>Ralph E. Pruett</i>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 7/32/51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Pre-eclampsia</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Induced 37 wks</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>vacuum</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>R. E. J. Barrett M.D.</i>	
		23b. DATE SIGNED 7/21/51	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Geo. Jernall</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 7/20/51	
25c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		25d. LOCATION (City, town, or county) (State) Gooding, Idaho	
DATE REC'D BY LOCAL REG. 6-8-51		26. FUNERAL DIRECTOR <i>Geo. Jernall</i>	
REGISTRAR'S SIGNATURE <i>J. H. Cronmull</i>		ADDRESS THOMPSON CHAPEL GOODING, IDAHO	



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AUG 11 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

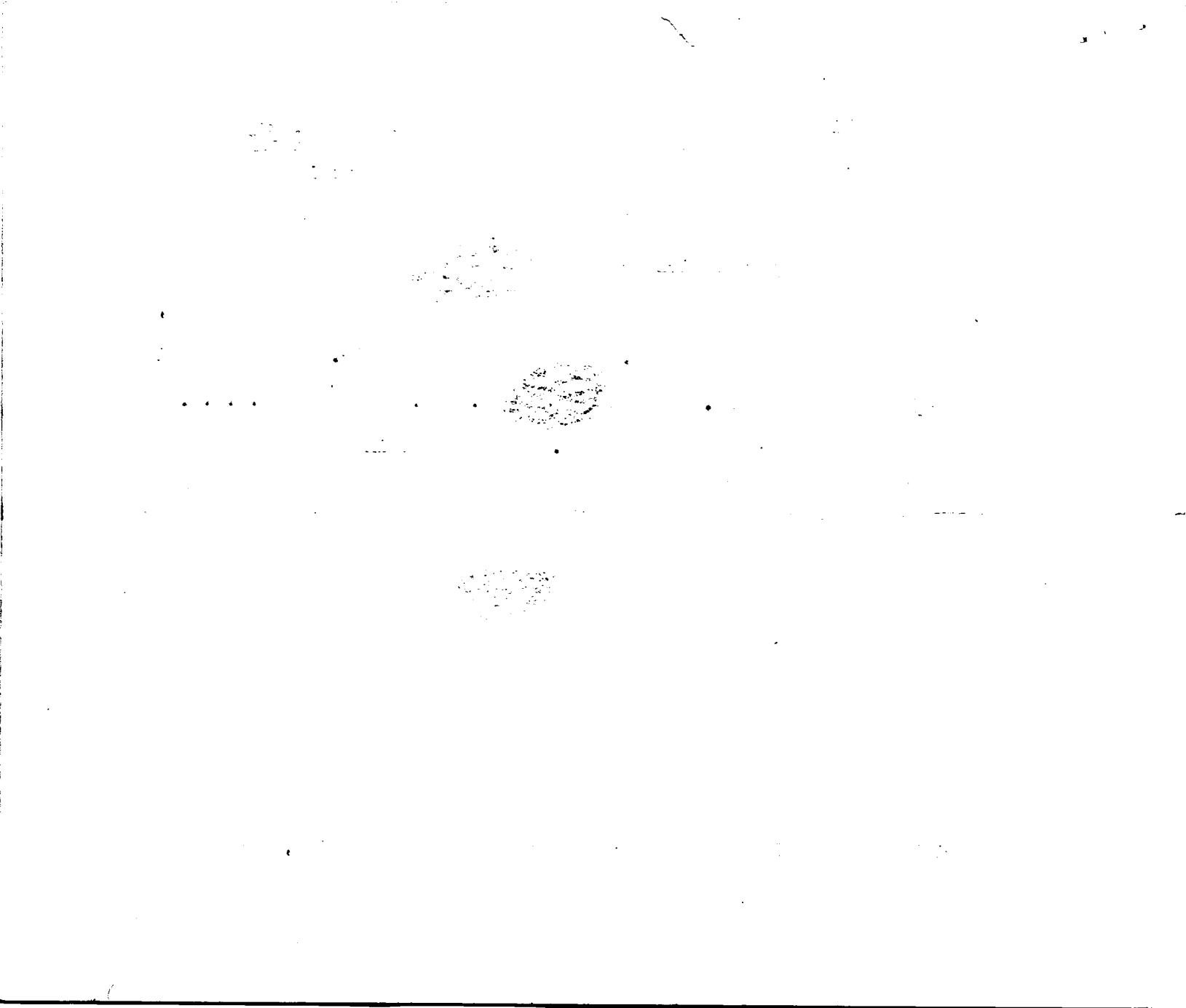
State of Idaho

State File No. 118

Local Reg. No. 1482

Reg. Dist. No. 420

1. PLACE OF STILLBIRTH a. COUNTY Gooding		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gooding Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Infant Girl Mc Gee			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 22, 1951
7. FATHER'S NAME a. (First) James b. (Middle) J. c. (Last) Mc Gee Jr.		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Penn.	11a. USUAL OCCUPATION Tech. Sgt.	11b. KIND OF BUSINESS OR INDUSTRY U.S.A.F.
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) T. c. (Last) Eckstein		13. COLOR OR RACE White	
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) New Jersey	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT James F. Mc Gee Jr.			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 10, 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES hydrocephalus, marked	
		20b. MATERNAL CAUSES none known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY episiotomy and repair	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Raymond W. Boom M.D.	23b. DATE SIGNED 7/25/51
23c. ATTENDANT'S ADDRESS Mountain Home, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL See Jernstedt
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/24/51	25c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	25d. LOCATION (City, town, or county) (State) Gooding, Idaho
DATE REC'D BY LOCAL REG. 8631		26. FUNERAL DIRECTOR See Jernstedt	
REGISTRAR'S SIGNATURE J.H. Carmichael		ADDRESS THOMPSON CHAPEL GOODING, IDAHO	



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JUL 20 1951
DIVISION OF VITAL STATISTICS
1949 Revision of Standard Certificate
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 113

Local Reg. No. 640

Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thornton Rte. #1	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hendricks Maternity Hospital		d. STREET ADDRESS (If rural, give location) Rte. #1	

3. CHILD'S NAME (Type or Print) BABY TANNER			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 14, 1951

7. FATHER'S NAME a. (First) Sanford b. (Middle) Louder c. (Last) Tanner			8. COLOR OR RACE White
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Chester, Idaho.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farming

12. MOTHER'S MAIDEN NAME a. (First) Nellie b. (Middle) M. c. (Last) Roth			13. COLOR OR RACE White
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Calif.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	

17. INFORMANT Sanford S. Tanner	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-6-51
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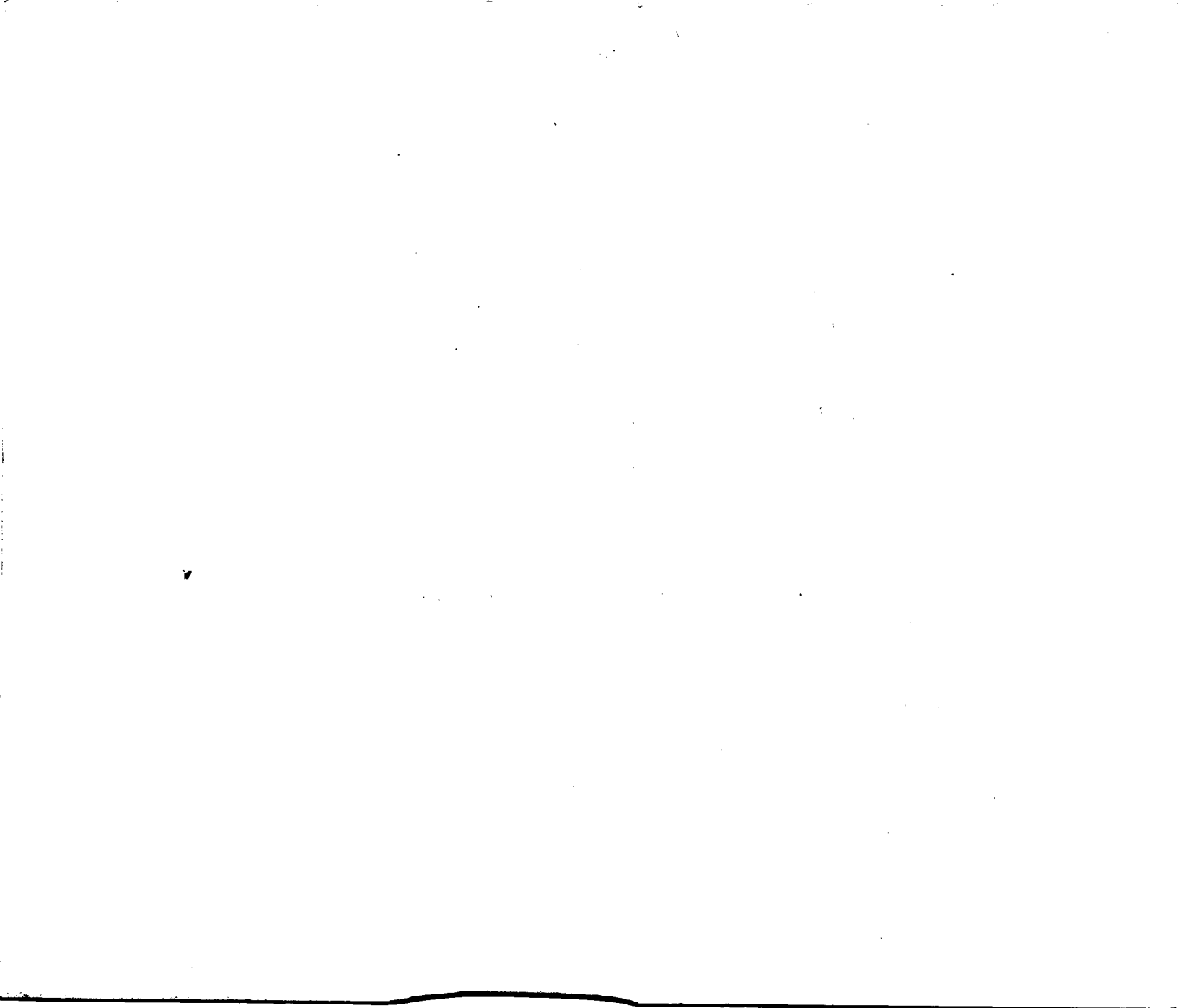
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity - 5 No Distention
	20b. MATERNAL CAUSES Premature Spontaneous rupture of membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE C. B. Bligh M.D.	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 7-16-51
	23c. ATTENDANT'S ADDRESS Rigby, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL C. B. Bligh

25a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	25b. DATE 7/14/51	25c. NAME OF CEMETERY OR CREMATORY Eckersell's	25d. LOCATION (City, town, or county) (State) Rigby, Idaho
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DATE REC'D BY LOCAL REG. 7/18/51	REGISTRAR'S SIGNATURE Mrs. A. B. Eckersell	26. FUNERAL DIRECTOR C. B. Bligh	ADDRESS Rigby, Idaho
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(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 181

Local Reg. No. 38

Reg. Dist. No. 380

1. PLACE OF STILLBIRTH a. COUNTY <i>Madison</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Madison</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Reynoldsburg</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Reynoldsburg</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Reynoldsburg Maternity Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>127 N. 1st West</i>	
3. CHILD'S NAME (Type or Print) <i>Baby Lewis</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>July 19, 1951</i>
7. FATHER'S NAME a. (First) <i>Jack</i> b. (Middle) <i>H.</i> c. (Last) <i>Lewis</i>	d. COLOR OR RACE <i>White</i>		
9. AGE (At time of this birth) <i>40</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Reynoldsburg Idaho</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Rosa</i> b. (Middle) <i>Zollinger</i> c. (Last) <i>White</i>	13. COLOR OR RACE <i>White</i>		
14. AGE (At time of this birth) <i>36</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Reynoldsburg Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>4</i> b. How many children were born alive but are now dead? <i>2</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Mr + Mrs. Jack H. Lewis</i>			
18a. LENGTH OF PREGNANCY <i>37</i> WEEKS	18b. WEIGHT AT BIRTH <i>5 LBS. 13 OZS.</i>	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <i>Y 36.0</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Cord wrapped around feet Circulation stopped</i> 20b. MATERNAL CAUSES <i>None</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>M. F. Rigby MD</i>		23b. DATE SIGNED <i>July 19/1951</i>
	23c. ATTENDANT'S ADDRESS <i>Reynoldsburg Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Leonora Flamm</i> TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>July 19/51</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Reynoldsburg</i>	25d. LOCATION (City, town, or county) (State) <i>Reynoldsburg Idaho</i>
DATE REC'D BY LOCAL REG. <i>7-19-51</i>	REGISTRAR'S SIGNATURE <i>Leonora Flamm</i>		26. FUNERAL DIRECTOR <i>Wm. H. Flamm</i> ADDRESS <i>Reynoldsburg</i>

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JUL 9 1951 (1949 Revision of Standard Certificate)

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FEDERAL SECURITY AND
PUBLIC HEALTH SERVICEDIVISION OF VITAL
STATISTICS
State of Idaho

State File No. 122

Local Reg. No. 126

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	NezPerce	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Lewiston	b. COUNTY	NezPerce
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St Joseph Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Lewiston
		d. STREET ADDRESS (If rural, give location)	Rt. 2, Box 635-A

3. CHILD'S NAME (Type or Print)	
Baby Boy Miller	

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	July 2, 1951

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Thomas	Thomas	Parker	Miller	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Long Pine, Nebraska	Insulation	Insulation (Building)

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Sibyl	Sibyl	Edith	Melson	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
30 YEARS	Utah	a. How many children are now living?	b. How many children were born alive but are now dead?
		6	1

17. INFORMANT	18. LENGTH OF PREGNANCY (Specify weeks)		
Thomas D Miller	35 WEEKS		

18b. WEIGHT AT BIRTH (LBS. OZS.)	19. Was a standard serological test for syphilis performed? (Specify date)
Unknown	Yes. Approximate date 7/2/51

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES
	Unknown
	20b. MATERNAL CAUSES
	Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
None	Spontaneous

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:57 A. m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	23b. DATE SIGNED
	O. M. Mackey, M.D.	7/2/51
23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician)	

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	July 3, 1951	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
7/2/51	Ruth J. Darwin	Brower-Wann Co., Lewiston, Idaho

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(1949 Revision of Standard Certificate)

23 1951
CERTIFICATE OF STILLBIRTH
 DIVISION OF VITAL STATISTICS
 State of Idaho

State File No. 123Local Reg. No. 138Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY NezPerce		a. STATE Idaho	b. COUNTY NezPerce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS 802 9th Ave	(If rural, give location)

3. CHILD'S NAME (Type or Print) DAVID PAUL SCHEIRMAN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 14, 1951

7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Henry	b. (Middle) Theodore	c. (Last) Scheirman	White
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) St Maries, Idaho	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Mary	b. (Middle) Ellen	c. (Last) Follett	White
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Moscow, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? None	b. How many children were born alive but are now dead? None
17. INFORMANT Henry T Scheirman		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 7/16/51
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Undetermined
	20b. MATERNAL CAUSES Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:40 P. m.	23a. ATTENDANT'S SIGNATURE W.D. Pierce M.D.	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 7/16/51
	23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL By- Kermit H. Malcom

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 19, 1951	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
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DATE REC'D BY LOCAL REG. 7/17/51	REGISTRAR'S SIGNATURE Ruth J. Darwin	26. FUNERAL DIRECTOR Brower-Wann Co.	ADDRESS Lewiston, Idaho
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SECRET

RECEIVED

44-231951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 139

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY NezPerce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 829 29th Street North	
3. CHILD'S NAME (Type or Print) Baby Girl Alligier			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 17, 1951
7. FATHER'S NAME a. (First) Howard L. Alligier		b. (Middle)	c. (Last)
9. AGE (At time of this birth) 34 YEARS		10. BIRTHPLACE (State or foreign country) Spalding, Idaho	11a. USUAL OCCUPATION Dispatcher
12. MOTHER'S MAIDEN NAME a. (First) Loretta M. Hall		b. (Middle)	c. (Last)
14. AGE (At time of this birth) 27 YEARS		15. BIRTHPLACE (State or foreign country) Stites, Idaho	11b. KIND OF BUSINESS OR INDUSTRY Camas Parale R.R.
17. INFORMANT Howard L. Alligier		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date Y 39.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis	
		20b. MATERNAL CAUSES Rh. Neg. - Blocking Antibodies 128	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:29 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) W.D. Quinn M.D.	
23b. DATE SIGNED 7/18/51		24. SIGNATURE OF AUTHORIZED OFFICIAL R. L. McLean	
25a. BURIAL OR CREMATION REMOVAL (Specify) Burial		25b. DATE July 19, 1951	
25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery		25d. LOCATION (City, town, or county) (State) Lewiston, Idaho	
DATE REC'D BY LOCAL REG. 7/18/51		26. FUNERAL DIRECTOR Brower-Wann Co ADDRESS Lewiston, Idaho	

REC-5

AUG 3 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 825

Local Reg. No. 18

Reg. Dist. No. 310

1. PLACE OF STILLBIRTH a. COUNTY Valley		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Valley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASCADE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASCADE	
c. FULL NAME OF HOSPITAL OR INSTITUTION Valley county Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Royal Bailey Williams			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 25 1951
7. FATHER'S NAME a. (First) JACK b. (Middle) T c. (Last) Williams	8. COLOR OR RACE W		
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Pollock Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY Trucking
12. MOTHER'S MAIDEN NAME a. (First) Viola b. (Middle) E c. (Last) CANER	13. COLOR OR RACE W		
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Horseshoe bend Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Jack Williams			
18a. LENGTH OF PREGNANCY 26 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date MARCH 1951 Y 36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Abruptio placentae with premature labor	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Abruptio Placentae		22. STATE ALL OPERATIONS FOR DELIVERY NONE	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Stanley G. Parker M.D.	
23b. DATE SIGNED July 25		23c. ATTENDANT'S ADDRESS Cascade, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Jack Bailey coroner		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) cremation	25b. DATE July 27 1951	25c. NAME OF CEMETERY OR CREMATORY	
25d. LOCATION (City, town, or county) (State) CASCADE Idaho			
26. FUNERAL DIRECTOR acting funeral director		ADDRESS	

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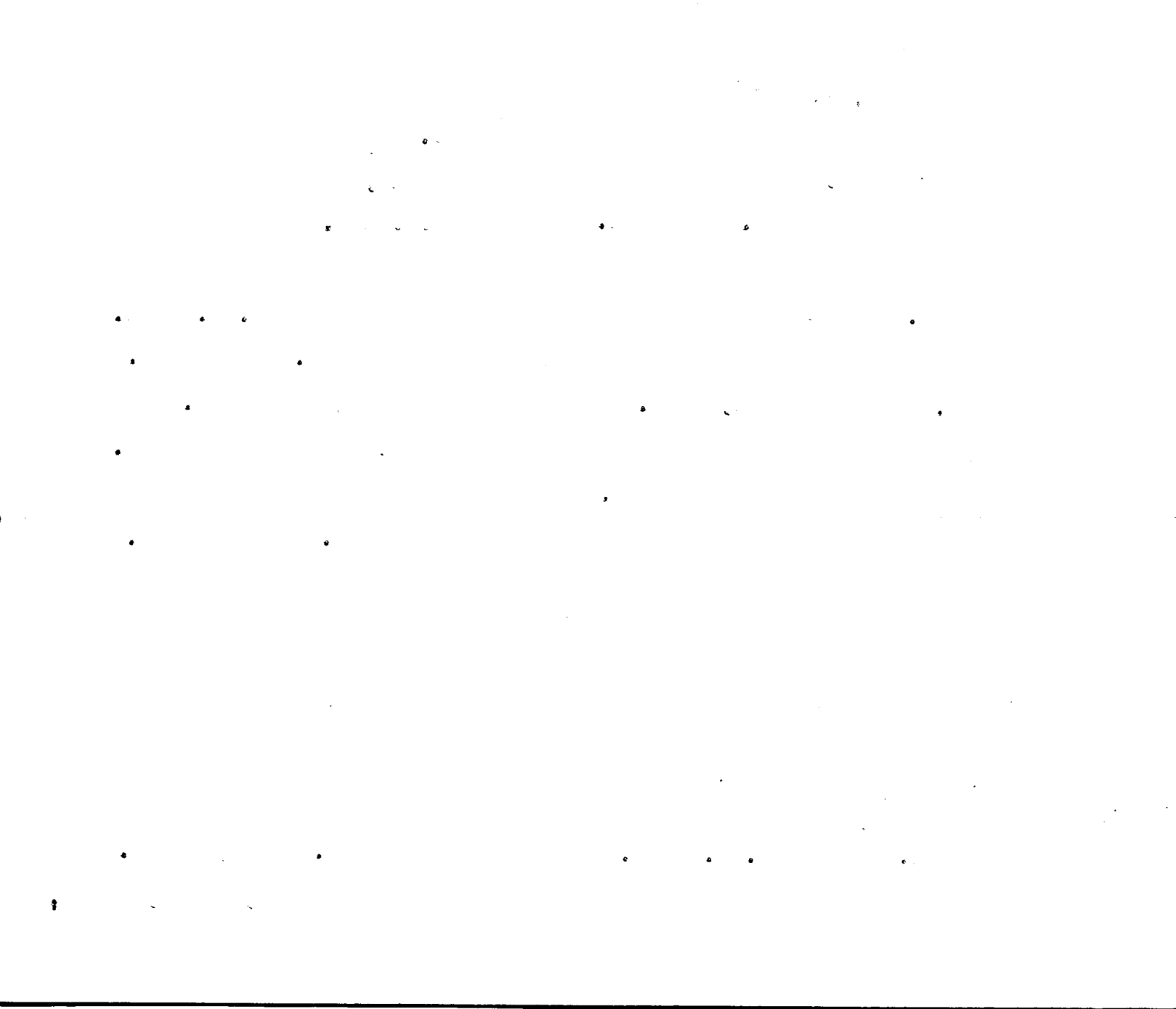
10-10-10

10-10-10

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 126
 Local Reg. No. 29326
 Reg. Dist. No. 370

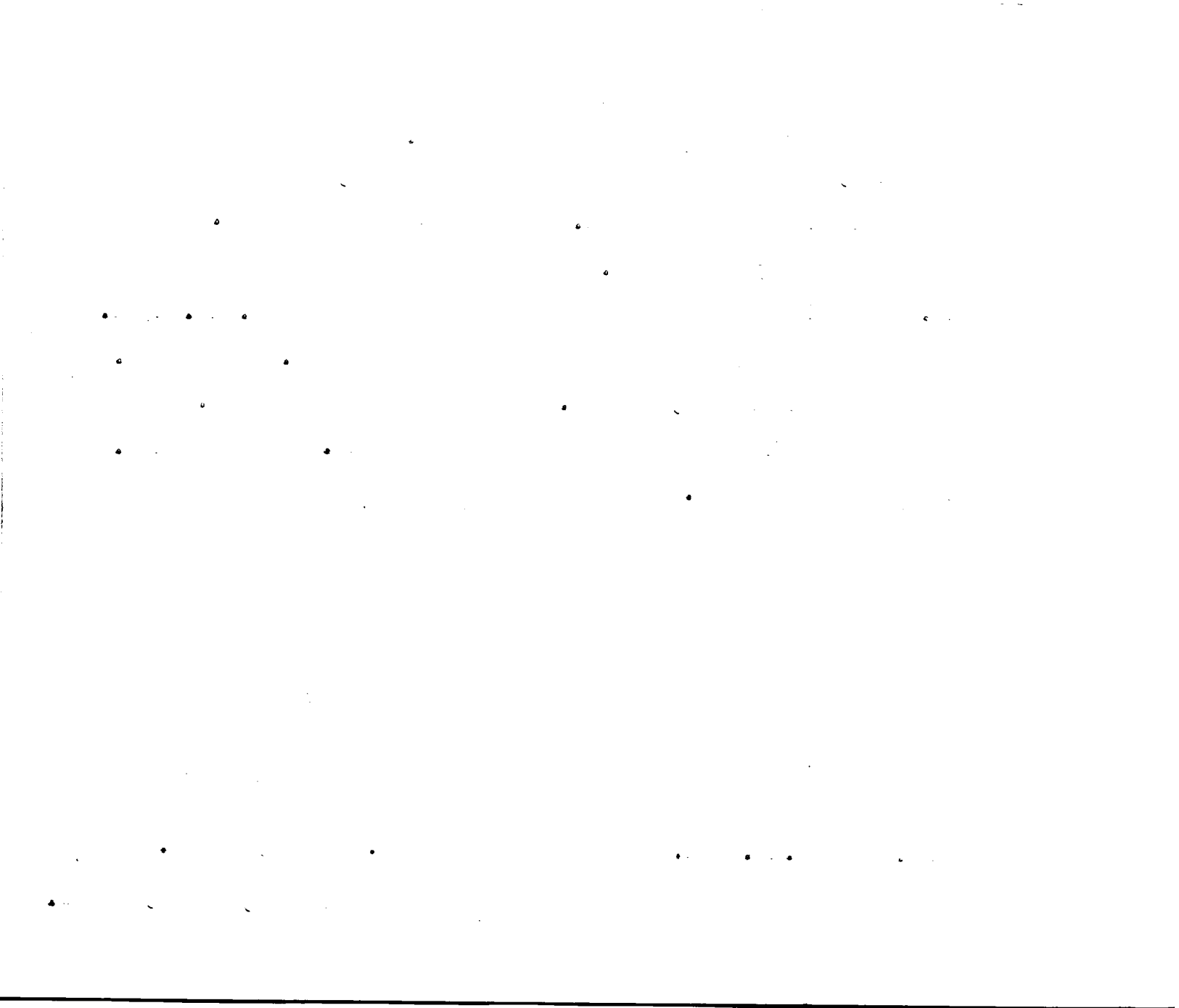
1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagle</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.D. # 1</u>	
3. CHILD'S NAME (Type or Print) <u>MARY ANN MORLEY</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 6, 1951</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>Wilford</u> c. (Last) <u>Morley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Moroni, Utah</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ruth</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Rhodes</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>45</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nebrora Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Robert Wilford Morley R+ Eagle</u>			
18a. LENGTH OF PREGNANCY WEEKS	19b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>8-8-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>Diabetes</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Diabetes</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Ruth Rhodes</u>	23b. DATE SIGNED <u>8-8-51</u>
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clyde E Summers</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>August 7, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-15-51</u>	REGISTRAR'S SIGNATURE <u>Muriel Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Summers Funeral Home, Boise, Idaho</u>	



(1949 Revision of Standard Certificate)
RECEIVED CERTIFICATE OF STILLBIRTH
AUG 28 1951
State of Idaho

State File No. 127
Local Reg. No. 307
Reg. Dist. No. 372

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho.</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise.</u> d. STREET ADDRESS (If rural, give location) <u>1510 1/2 Broadway.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY HOMAN.</u>			
4. SEX <u>Male.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August. 17. 1951.</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Francis</u> c. (Last) <u>Homan.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Fruitland, Idaho.</u>	11a. USUAL OCCUPATION <u>Boise Police Department.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ola</u> b. (Middle) <u>Jo</u> c. (Last) <u>Ferrell.</u>		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Arkansas.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Donald Francis Homan</u> <u>1510 1/2 Broadway</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u></u> OZS.	49. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u></u> Approximate date <u>y 36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>Premature separation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of Placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:30 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Edward J. Merrill</u> <u>mid</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayde E. Summers</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>Aug. 18. 1951.</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>8-27-51</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Summers Funeral Home, Boise, Idaho.</u>	

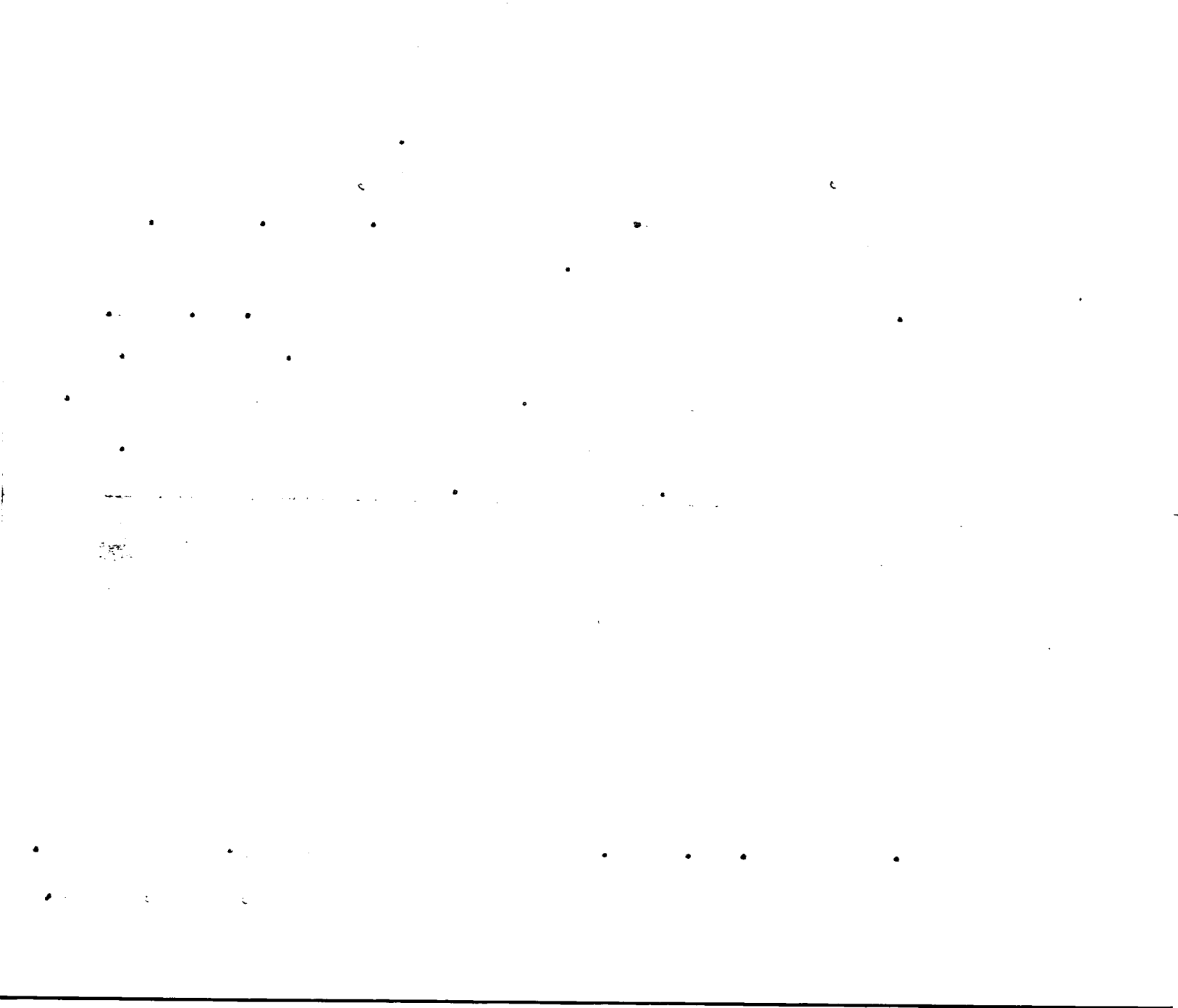


CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 128Local Reg. No. 320Reg. Dist. No. 70

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho.</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>1625. Broxon. Street.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL LOCKHART.</u>			
4. SEX <u>Female.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August. 26. 1951.</u>
7. FATHER'S NAME a. (First) <u>Gordon</u> b. (Middle) <u>Elwood</u> c. (Last) <u>Lockhart.</u>	8. COLOR OR RACE <u>White.</u>		
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Thorton, Washington.</u>	11a. USUAL OCCUPATION <u>Order Checker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Grocery.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Flora</u> b. (Middle) <u>Lee</u> c. (Last) <u>Smith/</u>	13. COLOR OR RACE <u>White.</u>		
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Huntington. West Virginia.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were born alive but are now dead? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>1625 Broxon St. Boise, Idaho</u> <u>Gordon Elwood Lockhart</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>3-30-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Rh incompatibility</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>G. James</u>	23b. DATE SIGNED <u>8/30/51</u>
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>August. 28. 1951.</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho.</u>
DATE REC'D BY LOCAL REG. <u>9-7-51</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Summers Funeral Home, Boise, Idaho.</u>	



AUG 31 1951

1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 129

Local Reg. No. 219

Reg. Dist. No. 5-11

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) Route #1 South	
3. CHILD'S NAME (Type or Print) Carol Kay Remer			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 7 26 51
7. FATHER'S NAME a. (First) William b. (Middle) Arthur c. (Last) Remer		8. COLOR OR RACE white	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Cambridge, Ohio	11a. USUAL OCCUPATION Swifthman	11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
12. MOTHER'S MAIDEN NAME a. (First) Elvira b. (Middle) Mellor c. (Last) white		13. COLOR OR RACE white	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Fayette, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 7 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT W.A. Remer father 7 0 0			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 36-2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature Separation from Placenta.	
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:23 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) O. E. Merrill, M.D.	
23b. DATE SIGNED 8-9-51		23c. ATTENDANT'S ADDRESS Pocatello, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Arthur Mall		23e. TITLE Pocatello, Idaho	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 51	24c. NAME OF CEMETERY OR CREMATORY Mountain View	24d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. Aug 30, 1951	REGISTRAR'S SIGNATURE Jessie Z. Powell	25. FUNERAL DIRECTOR ADDRESS Arthur Mall Pocatello, Idaho	

CERTIFICATE OF BIRTH

State of Ohio

County of Hamilton

Birth of Son

Birth of Son

Large for Son

White

White

White

White

White

White

White

White

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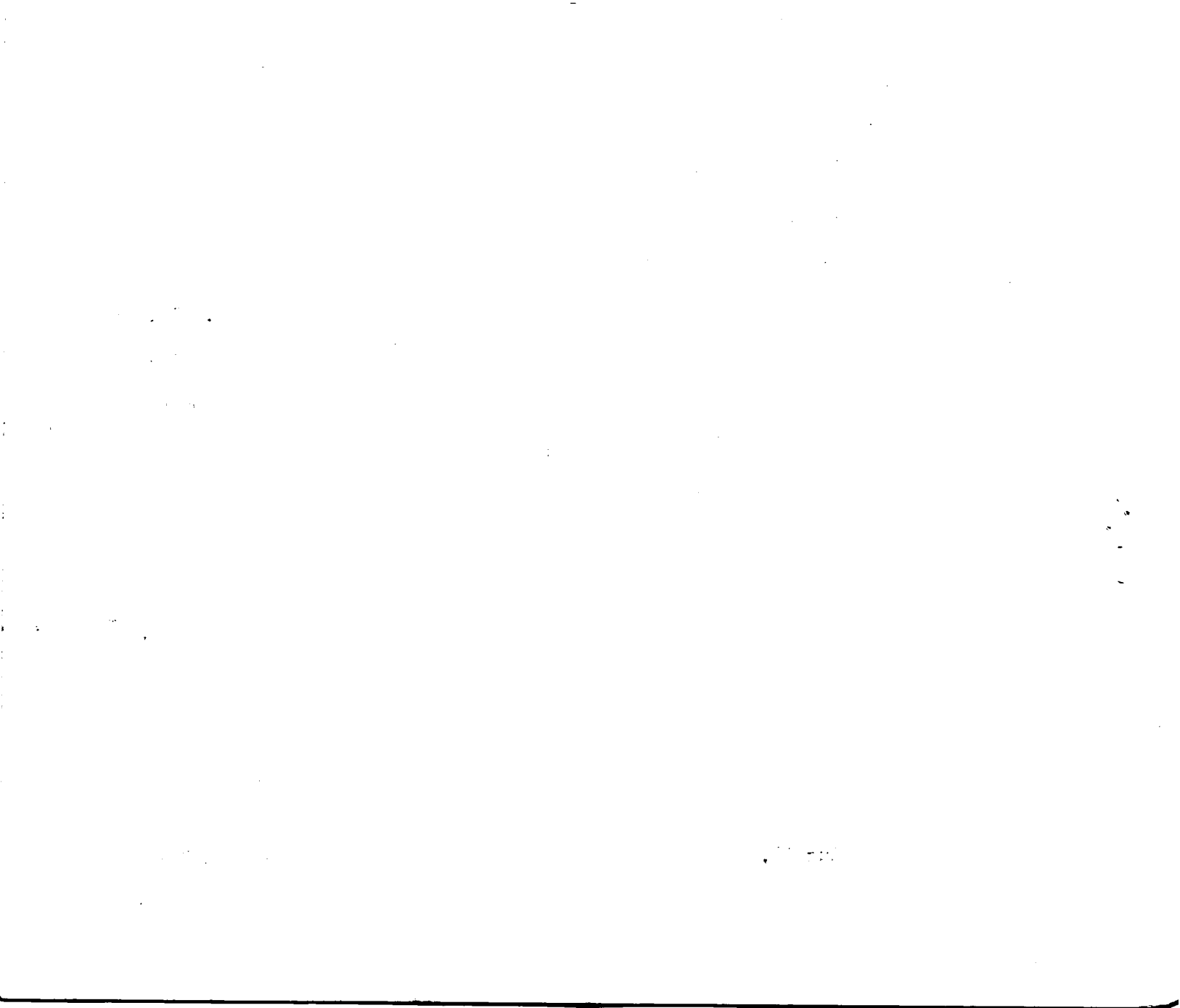
White

White

RECEIVED
(1949 Revision of Standard Certificate)
AUG 24 1951
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 130
Local Reg. No. 888
Reg. Dist. No. 622

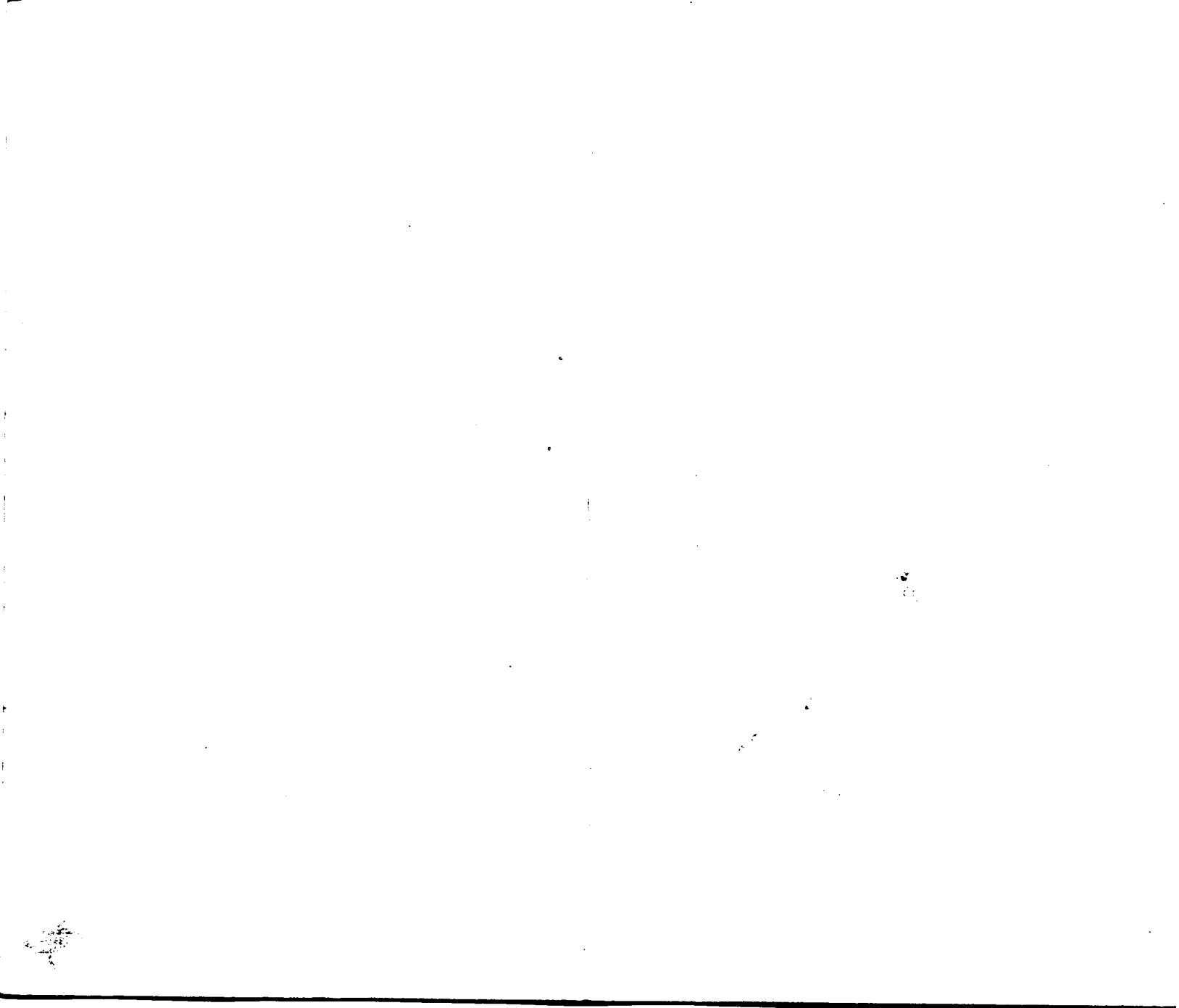
1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route #3 Blackfoot</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route #3 Blackfoot</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3</u>	
3. CHILD'S NAME (Type or Print) <u>Jolyn Hofer</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug. 17, 1951</u>
7. FATHER'S NAME a. (First) <u>Orson</u> b. (Middle) <u>Charles</u> c. (Last) <u>Hofer</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	11a. USUAL OCCUPATION <u>Time-Keeper</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Bingham Cooperative</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ramona</u> b. (Middle) <u>Artella</u> c. (Last) <u>McBride</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Twin Falls, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Ramona Hofer</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>36.0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Y 36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Knot in umbilical cord</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:25 a. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Bernell Fisher</u> 23b. DATE SIGNED <u>8-17-51</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician TITLE	
25a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug 17, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grove City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Bingham, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug-17-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs Helen E. Palmer</u>	26. FUNERAL DIRECTOR <u>Boekhoff</u>	ADDRESS <u>Blackfoot, Idaho</u>



CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Idaho Falls</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Shelley</u> TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>PATRICK DENNIS Mc CANDLESS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 17 1951</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>C.</u> c. (Last) <u>McCandless</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Telegrapher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Nellie</u> b. (Middle) <u>G.</u> c. (Last) <u>Henderson</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>George C. McCandless</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>39.6</u>	18b. WEIGHT AT BIRTH LBS. <u>8</u> OZS. <u>0</u>	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>Y 39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>none determined</u>		
	20b. MATERNAL CAUSES <u>none</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low forceps - Easy delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>W. E. Gentry</u>		23b. DATE SIGNED
	23c. ATTENDANT'S ADDRESS <u>Idaho Falls</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Orland E. Suck</u>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>June 18, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fielding Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Bonneville County Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug. 11 - 1951</u>	REGISTRAR'S SIGNATURE <u>Anna S. Jones</u>	26. FUNERAL DIRECTOR <u>Orland E. Suck</u>	ADDRESS <u>Idaho Falls, Idaho</u>



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CERTIFICATE OF STILLBIRTH

DIVISION OF VITALS

State of Idaho

State File No. 132

Local Reg. No. 29

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH STATE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon		a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR Caldwell	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) 524 N. 13th St.	
3. CHILD'S NAME (Type or Print) Baby Girl Shaw			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 15-1951
7. FATHER'S NAME	a. (First) Jabe	b. (Middle) Thomas	c. (Last) Shaw
8. COLOR OR RACE	White		
9. AGE (At time of this birth) 48 YEARS	10. BIRTHPLACE (State or foreign country) Wenatchee, Washington	11a. USUAL OCCUPATION Logging	11b. KIND OF BUSINESS OR INDUSTRY (Carlock)-Ola-humber Co.
12. MOTHER'S MAIDEN NAME	a. (First) Louise	b. (Middle) Olive	c. (Last) Wilson
13. COLOR OR RACE	White		
14. AGE (At time of this birth) 43 YEARS	15. BIRTHPLACE (State or foreign country) Logan, Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 1	b. How many children were born alive but are now dead? 2
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3	
17. INFORMANT Jabe Shaw			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11-15-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) detached placenta		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR detached placenta		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:05 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.	23b. DATE SIGNED 8-15-51
23b. ATTENDANT'S ADDRESS Caldwell, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE August 16-1951	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 8-16-51	REGISTRAR'S SIGNATURE Agnes M. Lennan	26. FUNERAL DIRECTOR Peckham-Dark and Hassapel Caldwell, Idaho	

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CERTIFICATE OF STILLBIRTH

AUG 28 1951

State of Idaho

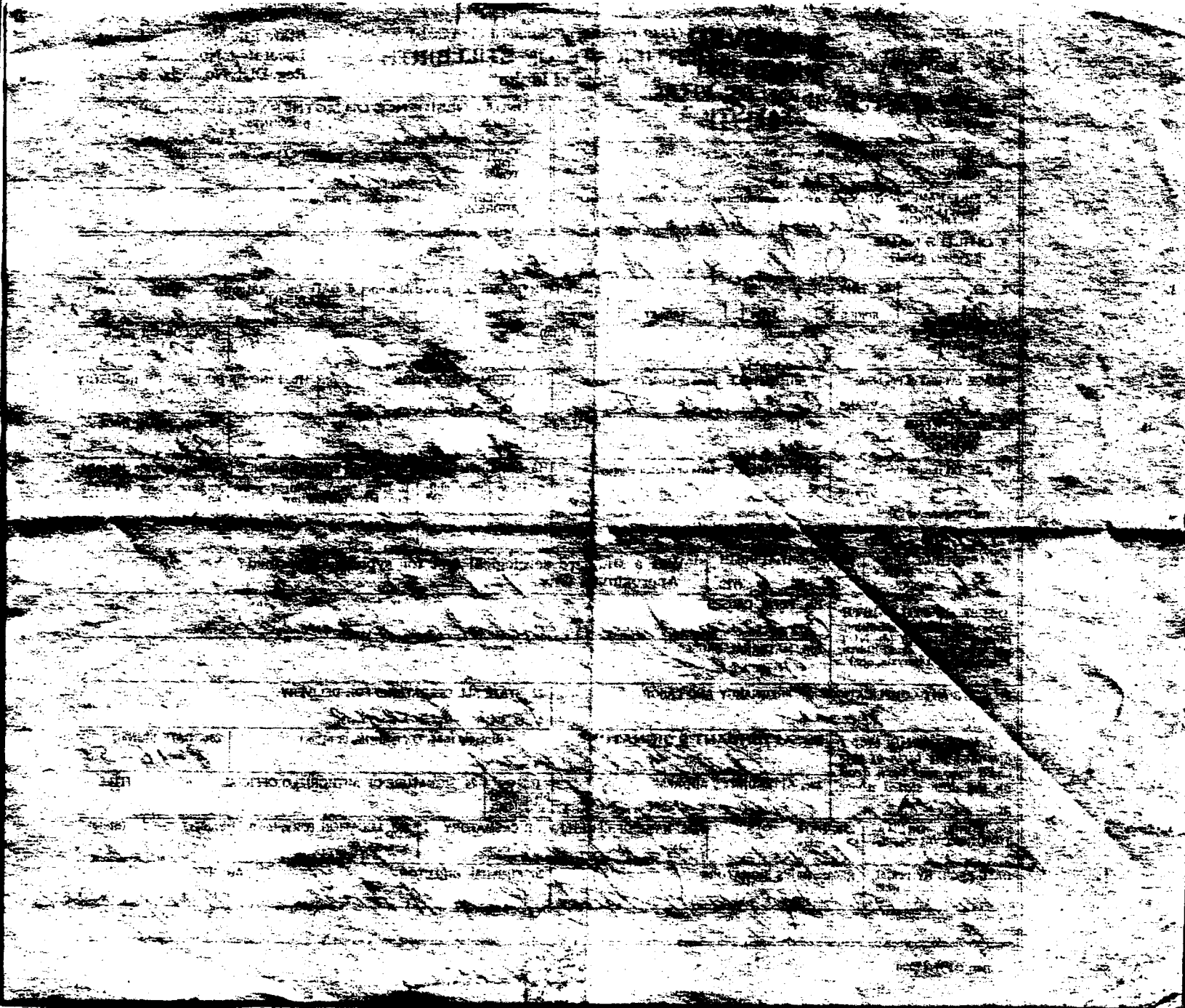
State File No. 133

Local Reg. No. 62

Reg. Dist. No. 36.2

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nampa</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nampa</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hospital</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Infant Normley</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Aug 9 1951</i>
7. FATHER'S NAME a. (First) <i>Henry</i> b. (Middle) c. (Last) <i>Normley</i>		8. COLOR OR RACE <i>Black</i>	
9. AGE (At time of this birth) <i>36</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Caldwell Texas</i>	11a. USUAL OCCUPATION <i>Labour</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Lain Mae</i> b. (Middle) c. (Last) <i>Washington</i>		13. COLOR OR RACE <i>Black</i>	
14. AGE (At time of this birth) <i>23</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Hugo Oklahoma</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Keep Records By Dr. H. Walker</i>			
18a. LENGTH OF PREGNANCY <i>36</i> WEEKS	18b. WEIGHT AT BIRTH <i>4</i> LBS. <i>6</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>7-1-51</i> <i>y 36.0</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Cord around neck. Cerebral anoxemia</i>		20a. FETAL CAUSES <i>None</i>	
20b. MATERNAL CAUSES <i>None</i>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>	
22. STATE ALL OPERATIONS FOR DELIVERY <i>Low forceps</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>A. B. Halliday</i>	
23b. DATE SIGNED <i>8-16-51</i>		23c. ATTENDANT'S ADDRESS <i>Nampa, Id.</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>H. Walker</i>		TITLE <i>Dr.</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>8/16/51</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Kohlslagen</i>	25d. LOCATION (City, town, or county) (State) <i>Nampa Idaho</i>
DATE REC'D BY LOCAL REG. <i>Aug 25, 1951</i>	REGISTRAR'S SIGNATURE <i>Mrs. J. A. Walker</i>	26. FUNERAL DIRECTOR <i>George H. Walker</i>	ADDRESS <i>Nampa Idaho</i>

Dr. Halliday



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CERTIFICATE OF STILLBIRTH

SEP 14 1951

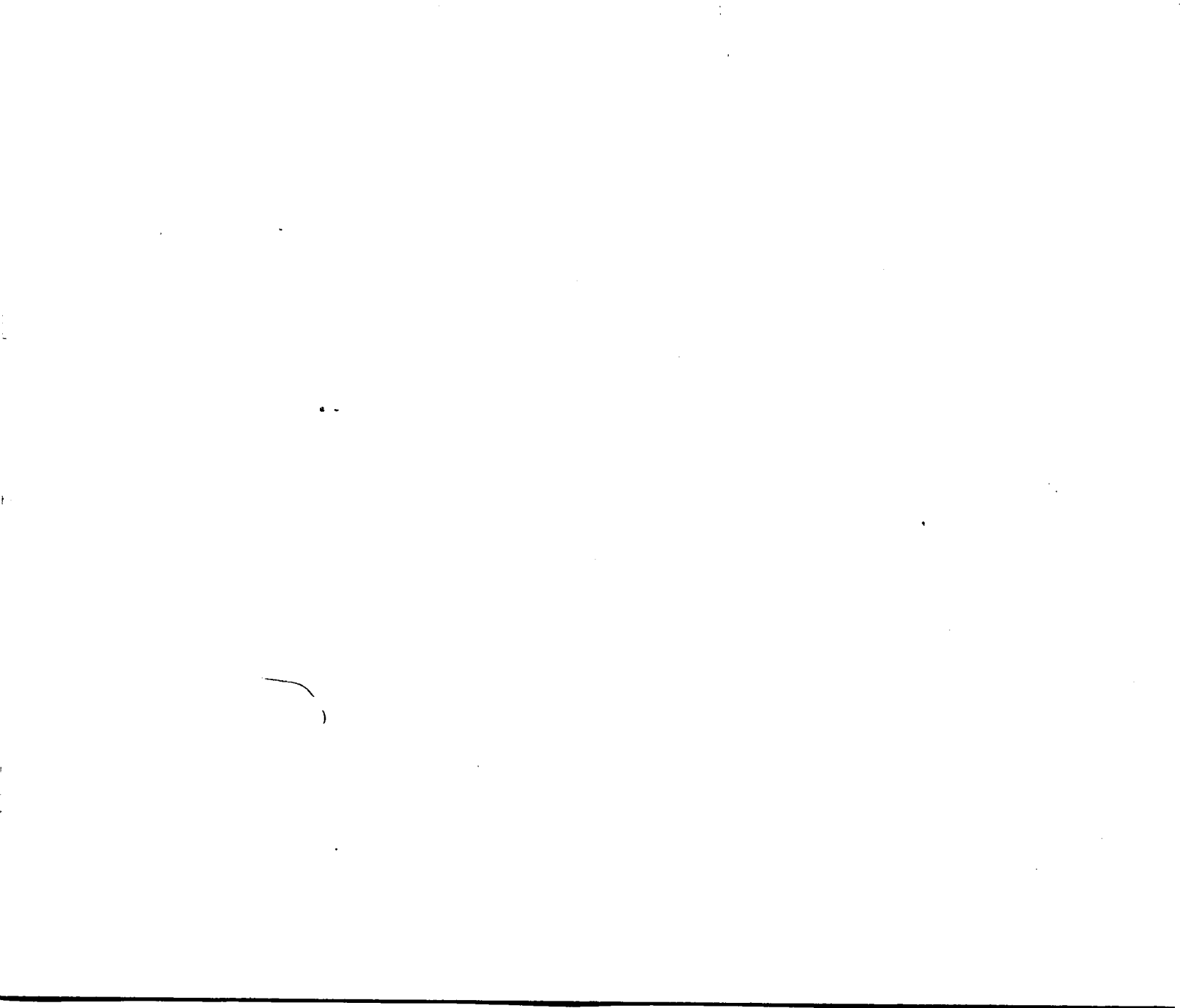
State of Idaho

State File No. 124

Local Reg. No. 17

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	a. STATE Idaho	b. COUNTY Canyon
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 424 Elder St.	
3. CHILD'S NAME (Type or Print) JAMES ERNEST COLLINSWORTH			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 15, 1951
7. FATHER'S NAME a. (First) James	b. (Middle) Collinsworth	c. (Last) white	8. COLOR OR RACE white
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Cranby, Missouri	11a. USUAL OCCUPATION Idaho Power Co.	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Emily	b. (Middle) Nydegger	c. (Last) white	13. COLOR OR RACE white
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Nampa, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT		a. How many children are now living? 1	b. How many children were born alive but are now dead? 1
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 4 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan 1950	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Abruptio Placenta		
	20b. MATERNAL CAUSES None. Hemorrhage at 3 mo, 6 mo + 8 mo.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Threatened Abortion at 3 mo, 6 mo + 8 mo with Hemorrhage		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Clara Hastings MD	23b. DATE SIGNED 8-21-51
23c. ATTENDANT'S ADDRESS 1116 2nd St So, Nampa		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8/17/51	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. Sept 10, 1951	REGISTRAR'S SIGNATURE Mrs. Jane Stock	26. FUNERAL DIRECTOR ADDRESS John F. Alsip, Nampa, Idaho Robinson-Alsip Chapel	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

135

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Nampa

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Samaritan Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Canyon

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Nampa

d. STREET ADDRESS (If rural, give location)

415 Garland

3. CHILD'S NAME

((Type or Print))

RODNEY JAMES DUNN

4. SEX

MALE

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

August 30, 1951

7. FATHER'S NAME

a. (First)

Perry

b. (Middle)

J.

c. (Last)

Dunn

8. COLOR OR RACE

white

9. AGE (At time of this birth)

20 YEARS

10. BIRTHPLACE (State or foreign country)

Fresno, Calif.

11a. USUAL OCCUPATION

Plaster Contr.

11b. KIND OF BUSINESS OR INDUSTRY

Plastering

12. MOTHER'S MAIDEN NAME

a. (First)

Eula

b. (Middle)

c. (Last)

Krebs

13. COLOR OR RACE

white

14. AGE (At time of this birth)

20 YEARS

15. BIRTHPLACE (State or foreign country)

Greeley, Colo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

0

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

P. J. Dunn

18a. LENGTH OF PREGNANCY

36 weeks

18b. WEIGHT AT BIRTH

6 LBS. - OZS.

19. Was a standard serological test for syphilis performed? Yes. No.

Approximate date

about April

y 3610

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Knot in cord -

20b. MATERNAL CAUSES

none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

normal delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:55 P. m.

23a. ATTENDANT'S SIGNATURE

Gerald E. Leuchte nurse

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

9-5-51

24. ATTENDANT'S ADDRESS

Nampa, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

9/1/51

25c. NAME OF CEMETERY OR CREMATORY

Kohlerlawn Cemetery

25d. LOCATION (City, town, or county)

Nampa, Idaho

(State)

DATE REC'D BY LOCAL REG.

Sept 10, 1951

REGISTRAR'S SIGNATURE

Mrs. Jane Luck

26. FUNERAL DIRECTOR

John F. Alsip

ADDRESS

Nampa, Idaho

Robinson-Alsip Chapel

Dr. Ged Barclay

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AUG 22 1951

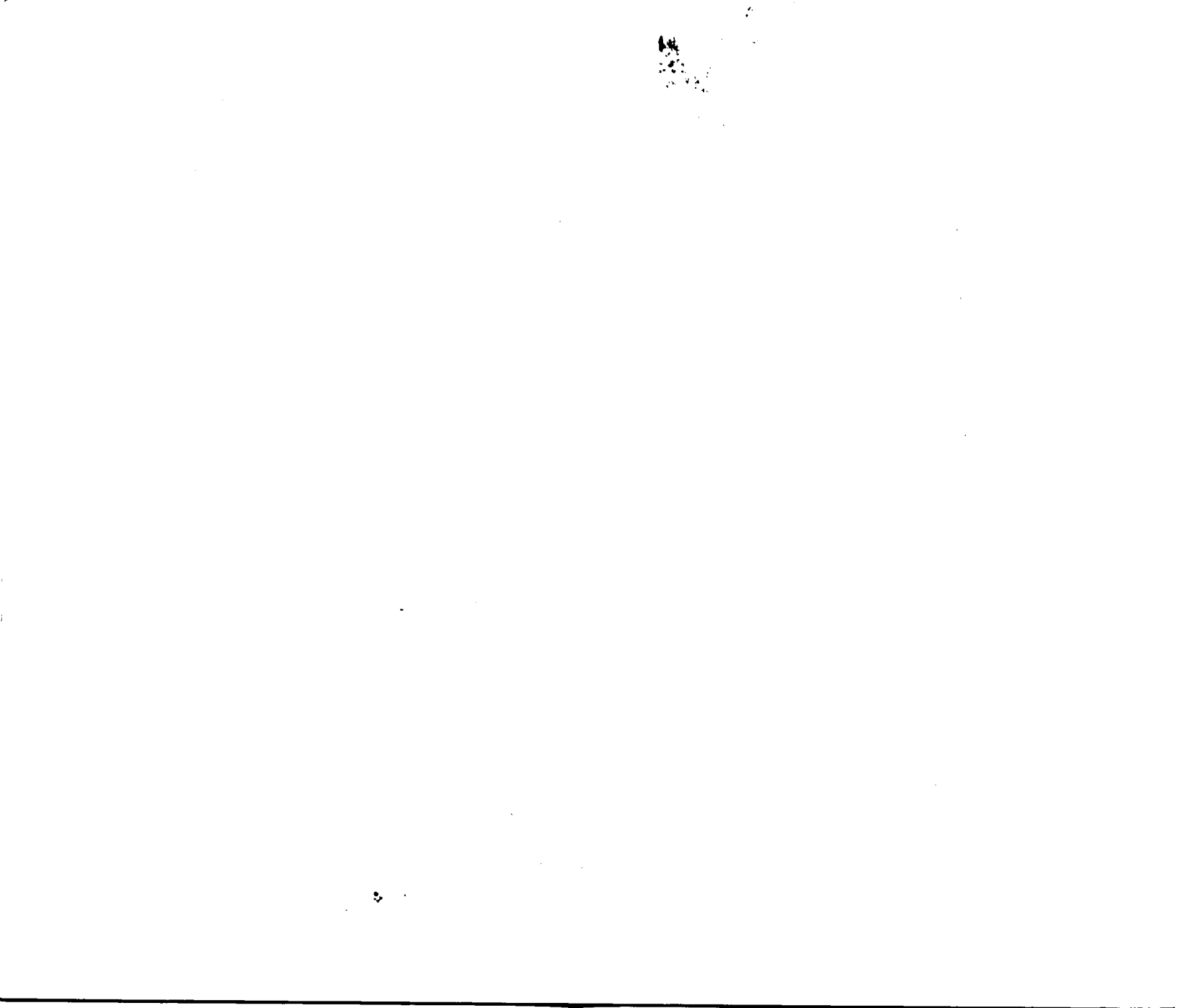
State of Idaho

State File No. 136

Local Reg. No. 10

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene	
c. FULL NAME OF HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS 736-3rd, Street	
3. CHILD'S NAME (Type or Print) Baby Boy Brush			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 6 1951
7. FATHER'S NAME a. (First) Avery b. (Middle) S. c. (Last) Brush		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Osage, Iowa	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY John W. Graham Co.
12. MOTHER'S MAIDEN NAME a. (First) Lorraine b. (Middle) Ketelsen c. (Last) Ketelsen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Osage, Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Lorraine K. Brush Coeur d' Alene Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 6-7-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None 20b. MATERNAL CAUSES premature placental separation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR intermittent hemorrhage		22. STATE ALL OPERATIONS FOR DELIVERY artificial rupture of membranes	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ged Barclay M.D.	23b. DATE SIGNED 8-9-51
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 9 1951	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho
DATE REC'D BY LOCAL REG. 8-9-51	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR N. H. Pflinger Coeur d' Alene, Idaho	



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1949 Revision of Standard Certificate)

AUG 22 1951

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No. 137

Local Reg. No. 9

Reg. Dist. No. 12.0

1. PLACE OF STILLBIRTH STATISTIC			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Kootenai			a. STATE Idaho b. COUNTY Kootenai		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		
c. FULL NAME OF HOSPITAL OR INSTITUTION Lake City Gen. Hospital			d. STREET ADDRESS (If rural, give location) 516 LaCrosse		
3. CHILD'S NAME (Type or Print) (Infant Boy) William W. / son					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug 11, 1951		
7. FATHER'S NAME a. (First) Gordon b. (Middle) Elwood c. (Last) Wilson		8. COLOR OR RACE White			
9. AGE (At time of this birth) 26 YEARS		10. BIRTHPLACE (State or foreign country) Baker, Oregon		11a. USUAL OCCUPATION Health Dept.	
				11b. KIND OF BUSINESS OR INDUSTRY State of Idaho	
12. MOTHER'S MAIDEN NAME a. (First) Ailene b. (Middle) Emojeane c. (Last) Wendt		13. COLOR OR RACE White			
14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) Baker, Oregon		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
				a. How many children are now living? None	
				b. How many children were born alive but are now dead? None	
				c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT For Gordon Wilson Don English Cd'A, Idaho					
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes Y No N Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Strangulation of Circulation by Prolapsed Cord -			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.			23a. ATTENDANT'S SIGNATURE James W. Hawkins MD 23b. DATE SIGNED 8-13-51		23b. DATE SIGNED
23a. ATTENDANT'S ADDRESS Coeur d'Alene Idaho			24. SIGNATURE OF AUTHORIZED OFFICIAL Don English TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) August 13, '51		25b. DATE August 13, '51		25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	
				25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho	
DATE REC'D BY LOCAL REG. 8-13-51		REGISTRAR'S SIGNATURE Lorraine K. Brush		26. FUNERAL DIRECTOR Don English ADDRESS Coeur d'Alene, Idaho	

County of Idaho, Idaho

August 13, 1951

None None None

White None

Health Dept. State of Idaho
Wilson White

AUG 11, 1951

Elwood Gorton

Male

Alfene

Baker, Oregon

Idaho

Baker, Oregon

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(Infant boy) Elwood

Lake City Gen. Hospital

County of Idaho

Kootenai

510 Jackson
County of Idaho
Idaho

Dr. Wm Wood

RECEIVED
SEP 7 1951
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 138
Local Reg. No. 120
Reg. Dist. No. 11

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) 1008-Govt. way	
3. CHILD'S NAME (Type or Print) Infant Boy Tunnell			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 28, 1951
7. FATHER'S NAME a. (First) William b. (Middle) c. (Last) Tunnell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Henryetta, Oklahoma	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Trentwood
12. MOTHER'S MAIDEN NAME a. (First) Lorraine b. (Middle) c. (Last) Bleckwenn		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Cylinder, Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT William T. Wood			
18a. LENGTH OF PREGNANCY WEEKS 5	18b. WEIGHT AT BIRTH LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William T. Wood, M.D.		23b. DATE SIGNED 8-29-51.
	23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho.	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 29, 1951	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho
DATE REC'D BY LOCAL REG. 8-29-51	REGISTRAR'S SIGNATURE Lorraine K. Brush		26. FUNERAL DIRECTOR ADDRESS Coeur d' Alene Idaho

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SEP 11 1951

CERTIFICATE OF STILLBIRTH

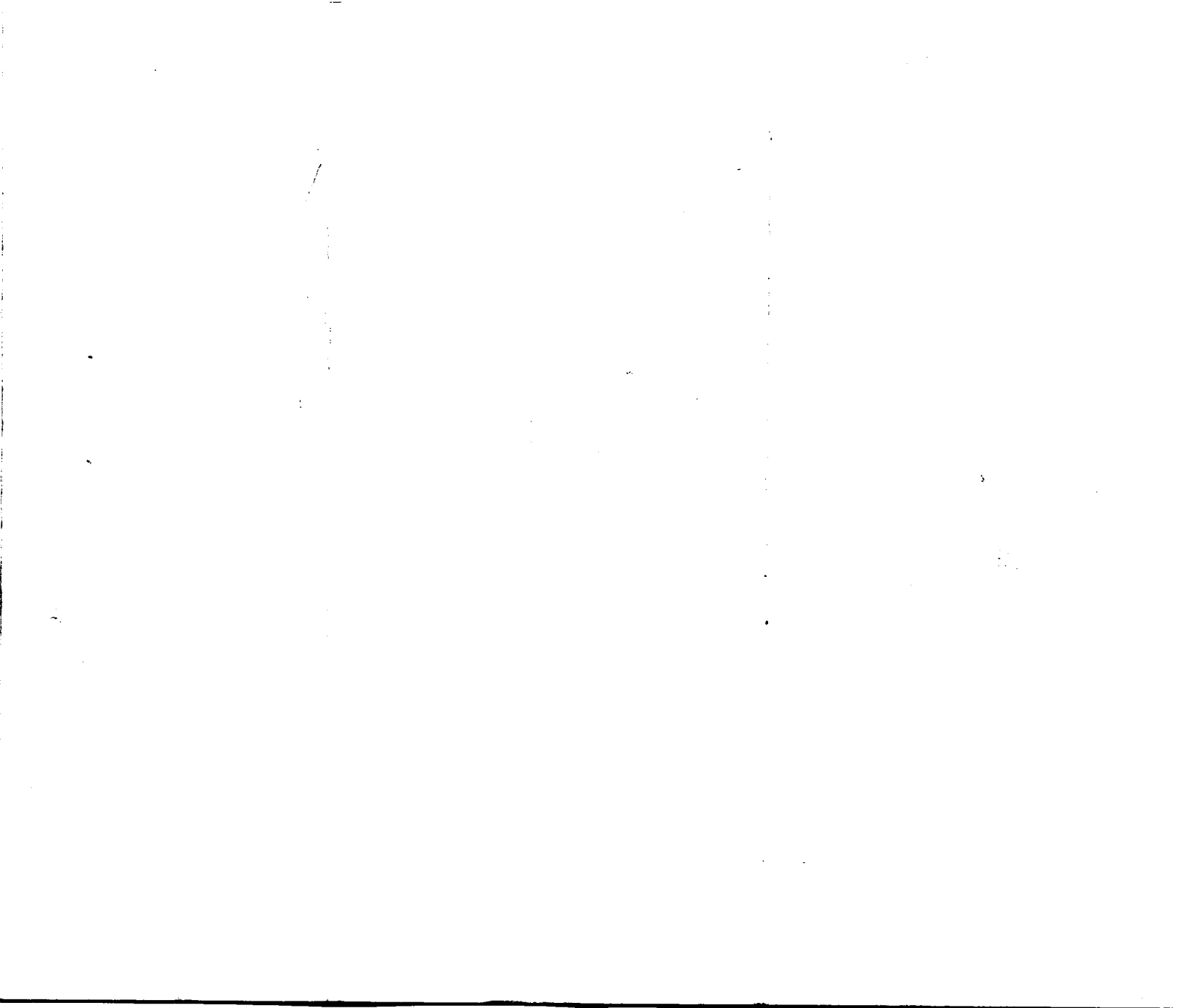
State of Idaho

State File No. 139

Local Reg. No. 33

Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roberts</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rexburg Maternity</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Baby Griffin</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug 15 1951</u>		
7. FATHER'S NAME a. (First) <u>Ralph</u> b. (Middle) <u>Jesse</u> c. (Last) <u>Griffin</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Clarkston, Utah</u>	11a. USUAL OCCUPATION <u>Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Shop</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Sarah</u> b. (Middle) <u>May</u> c. (Last) <u>Lake</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Barrus, Calif</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>Ralph Jesse Griffin</u>					
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>(Twin brother received mat of blood)</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Inadequate blood supply due to extremely small cord</u>		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>None</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>O. D. H. Jackson, M.D.</u> 23b. ATTENDANT'S ADDRESS <u>Rexburg, Idaho</u>		23c. DATE SIGNED <u>8-15-51</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leona Flamm</u>		TITLE <u>Registrar</u>			
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug. 15, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cedar Butte</u>	25d. LOCATION (City, town, or county) (State) <u>Jefferson Co, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>8-15-51</u>	REGISTRAR'S SIGNATURE <u>Leona Flamm</u>	26. FUNERAL DIRECTOR <u>John J. Reiser</u>	ADDRESS <u>Rexburg, Idaho</u>		



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(1949 Revision of Standard Certificate)

State File No. 140
Local Reg. No. 7
Reg. Dist. No. 160

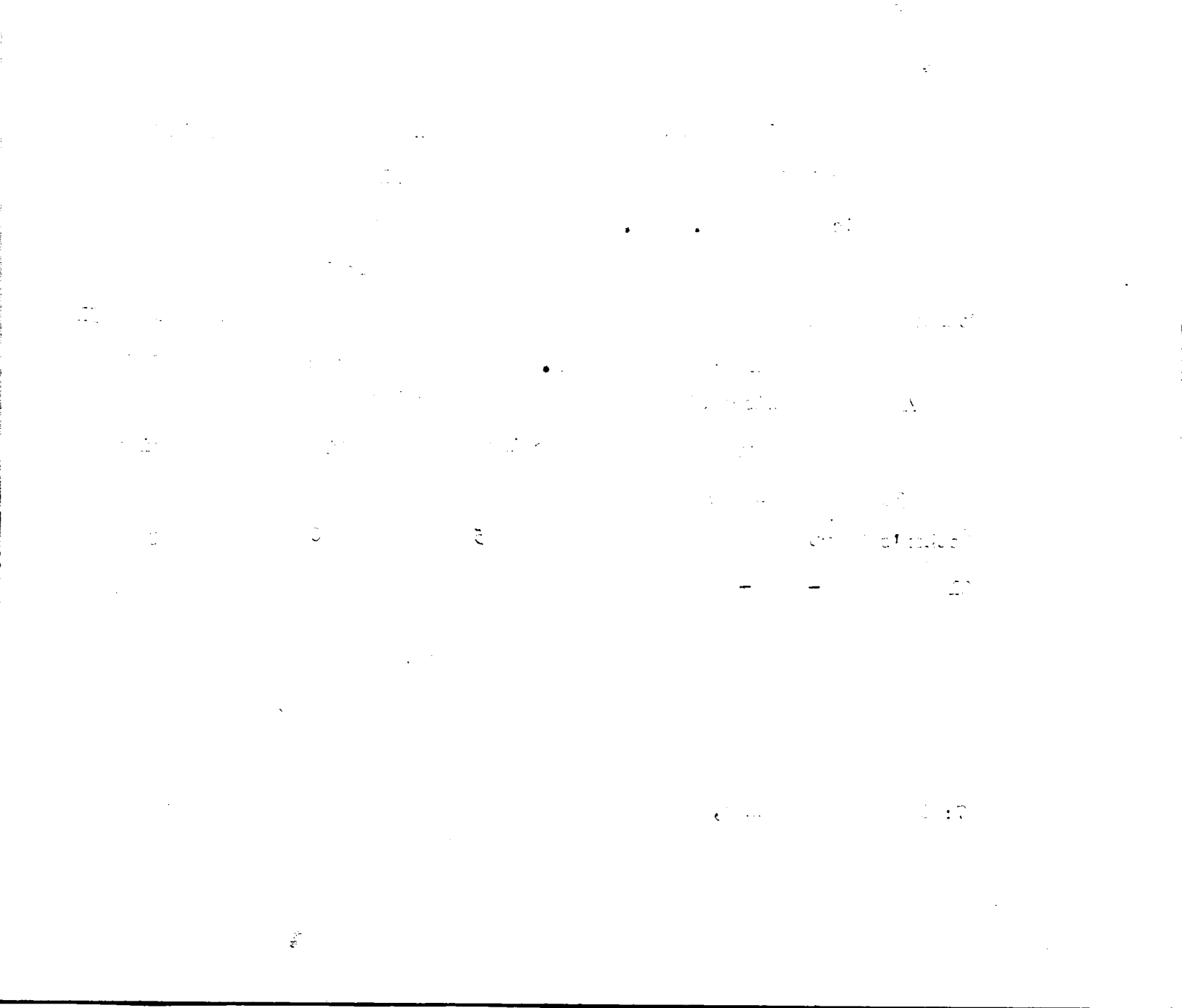
SEP 4 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buhl	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Mem. Hosp.		d. STREET ADDRESS (If rural, give location) Route 2	
3. CHILD'S NAME (Type or Print) Pember			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 7 14 51
7. FATHER'S NAME a. (First) Walter b. (Middle) L. c. (Last) Pember		8. COLOR OR RACE White	
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Wisconsin	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Louise c. (Last) Gibb		13. COLOR OR RACE White	
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mother's Chart			
18a. LENGTH OF PREGNANCY 21 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7/36/51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Placenta Previa Centralis	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR chronic fluxy - Pitem Placenta Manual Delivery Placenta		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:00 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Donald Anderson M.D.	23b. DATE SIGNED
23c. ATTENDANT'S ADDRESS Filer, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 8-23-51	REGISTRAR'S SIGNATURE Anna Risch		26. FUNERAL DIRECTOR ADDRESS



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AUG 20 1951
DIVISION OF STANDARD CERTIFICATE
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STATE OF IDAHO
DIVISION OF STANDARD CERTIFICATE
STATE OF IDAHO

State File No. 111
Local Reg. No. 6
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hosp.		d. STREET ADDRESS (If rural, give location) Route 2	
3. CHILD'S NAME (Type or Print)			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 3 51
7. FATHER'S NAME a. (First) Robert b. (Middle) Perry c. (Last) Minshaw		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Creamery Business	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Marjorie b. (Middle) Edith c. (Last) Lash		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mr. Robert P. Minshaw Father			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date Y 39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Fetal heart & Hydronephrosis		
20b. MATERNAL CAUSES No. 02			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hydronephrosis		22. STATE ALL OPERATIONS FOR DELIVERY Caesarean section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:51 A. m.	23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 8-3-51
	23c. ATTENDANT'S ADDRESS Kimberly, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE August 11, 1951 [Signature]		26. FUNERAL DIRECTOR ADDRESS	

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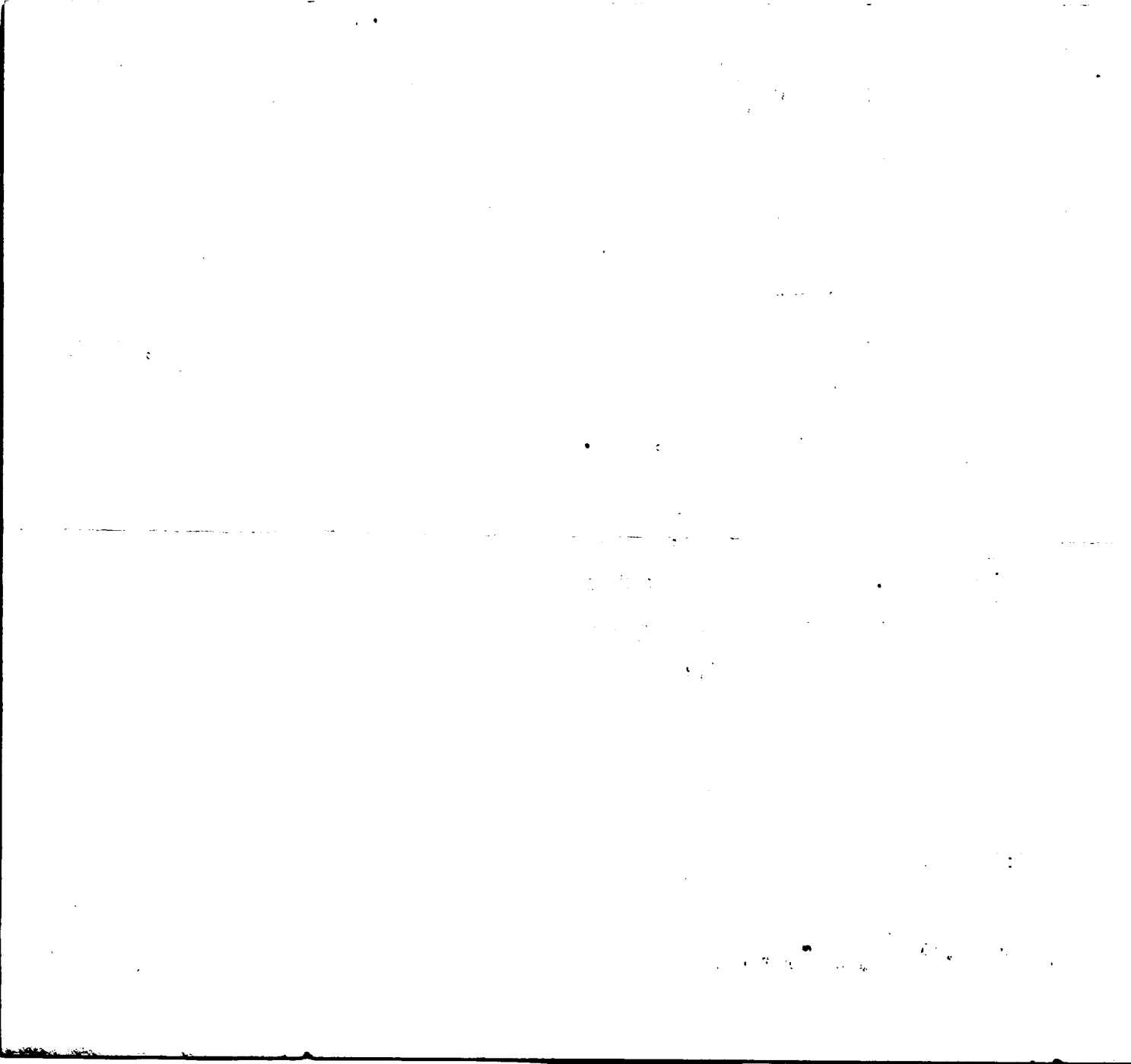
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OCT 5 1951 (1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
STATE OF IDAHOState File No. 142
Local Reg. No. 254
Reg. Dist. No. 570

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pocatello General Hosp.		d. STREET ADDRESS (If rural, give location) 86 Toponce Drive	
3. CHILD'S NAME (Type or Print) Ralph Lee Barrass			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 11, 1951
7. FATHER'S NAME a. (First) Richard b. (Middle) Adam c. (Last) Barrass		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Rock Springs, Wyo.	11a. USUAL OCCUPATION Electrical Foreman	11b. KIND OF BUSINESS OR INDUSTRY Westvaco
12. MOTHER'S MAIDEN NAME a. (First) Vera b. (Middle) Mae c. (Last) Hardin		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Rock Springs, Wyo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 24 weeks pregnancy)? 0	
17. INFORMANT Richard A. Barrass Father 0			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes X No Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Prolapsed Umbilical Cord in Breech Presentation.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolapsed umbilical cord.		22. STATE ALL OPERATIONS FOR DELIVERY Breech extraction; Episiotomy.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:17 P.M.		23a. ATTENDANT'S SIGNATURE J. L. Allen, M.D.	23b. DATE SIGNED 9-13-51.
23c. ATTENDANT'S ADDRESS Pocatello, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 13, 51	25c. NAME OF CEMETERY OR CREMATORY Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello - Idaho.
DATE REC'D BY LOCAL SEP 27 1951	REGISTRAR'S SIGNATURE Jessie Z. Powell	26. FUNERAL DIRECTOR Harry Mortuary ADDRESS Pocatello, Idaho	



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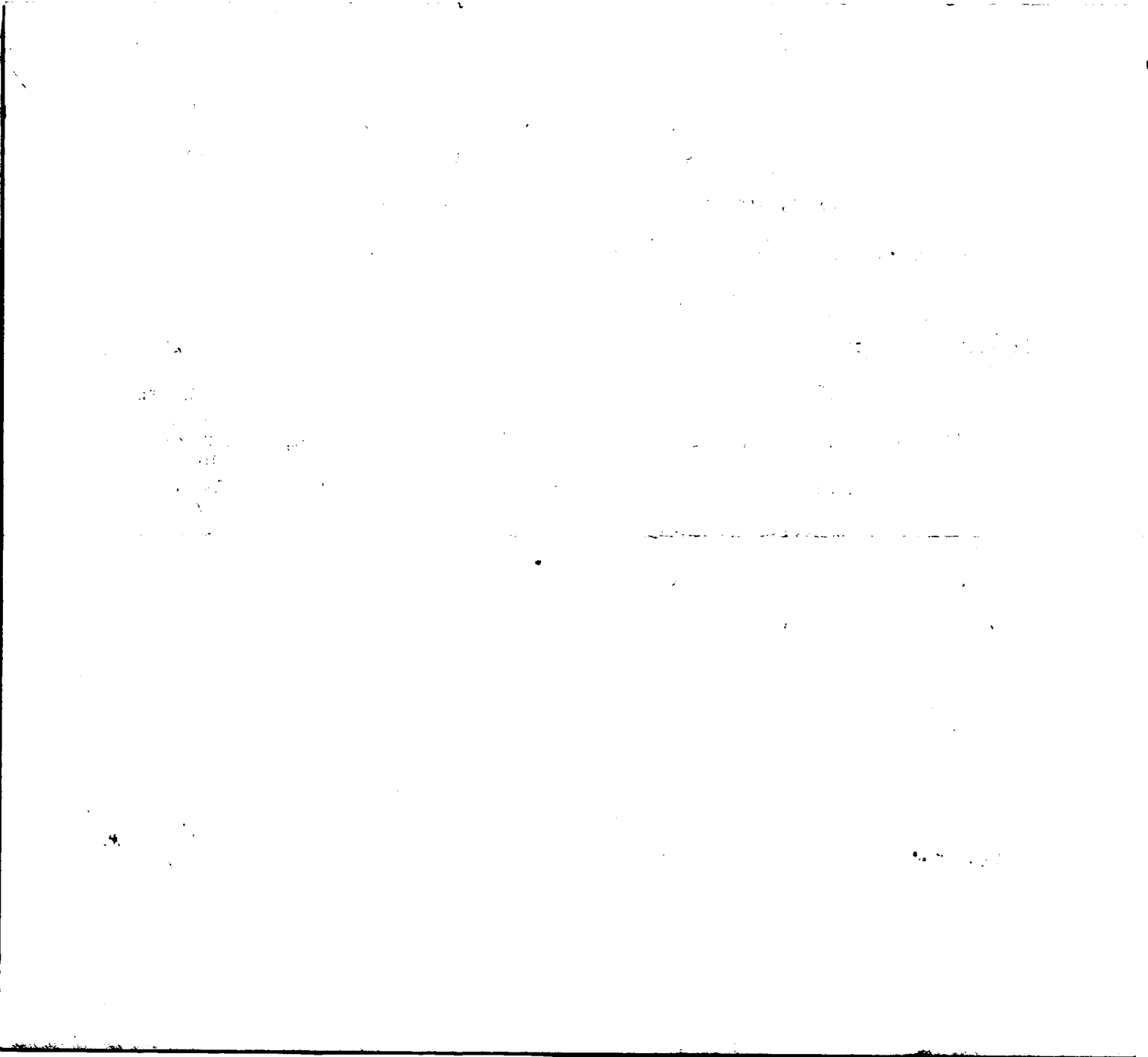
OCT 2 1951
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 143

Local Reg. No. 277

Reg. Dist. No. 5-10

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 226 Taft	
3. CHILD'S NAME (Type or Print) Marueen Remy			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9 26 51
7. FATHER'S NAME a. (First) Garland b. (Middle) H. c. (Last) Remy			8. COLOR OR RACE White
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Ironton, Ohio	11a. USUAL OCCUPATION Service Manager	11b. KIND OF BUSINESS OR INDUSTRY Motor Center
12. MOTHER'S MAIDEN NAME a. (First) Louise b. (Middle) Cora c. (Last) Curtis			13. COLOR OR RACE White
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Mrs. Louise Remy Mother			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 10.10.51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Diabetes mellitus	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hydramnios		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:52 P.M.		23a. ATTENDANT'S SIGNATURE Ralph B. Hegsted M.D.	23b. DATE SIGNED 10.10.51
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL James J. Farrell	TITLE Registrar
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE Feb 27, 1951	25c. NAME OF CEMETERY OR CREMATORY St. Vincent Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. Oct 18, 1951	REGISTRAR'S SIGNATURE James J. Farrell	26. FUNERAL DIRECTOR Anthony J. Hall	ADDRESS Pocatello



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(1949 Revision of Standard Certificate)

SEP 27 1951

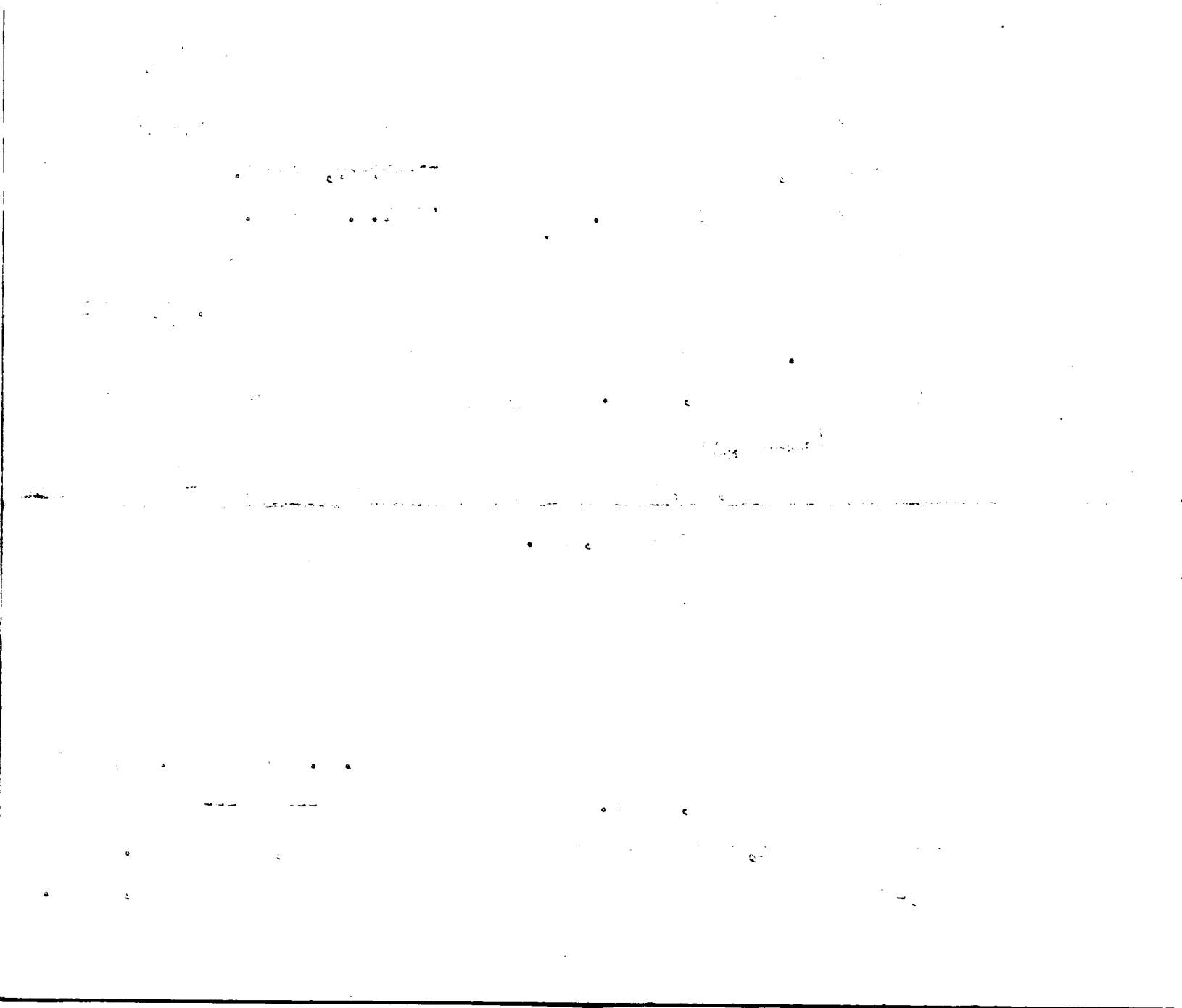
CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. 144Local Reg. No. 427Reg. Dist. No. 600

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bingham		a. STATE Idaho	b. COUNTY Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot, Main St.	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospt.		d. STREET ADDRESS (If rural, give location) 756 W.E. Main St.	
3. CHILD'S NAME (Type or Print) Dawmalea Jensen			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 21, 1951
7. FATHER'S NAME a. (First) G. Wesley	b. (Middle) Jensen	c. (Last)	8. COLOR OR RACE White
9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho.	11a. USUAL OCCUPATION Trucking	11b. KIND OF BUSINESS OR INDUSTRY Livestock Hauling
12. MOTHER'S MAIDEN NAME a. (First) Edna	b. (Middle) LaVerne	c. (Last) Stewart	13. COLOR OR RACE White
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Salem, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs Edna Radelbach Blackfoot, Ida.			
18a. LENGTH OF PREGNANCY 7 mo. weeks	18b. WEIGHT AT BIRTH 3 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Knot in umbilical Cord y36.0		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:20 m.		23a. ATTENDANT'S SIGNATURE Emmett Radelbach M.D.	23b. DATE SIGNED Sept. 21, 1951
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL John C. Sandberg	TITLE ---
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept 22, 1951	25c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho.
DATE REC'D BY LOCAL REG. Sept 22, -51	REGISTRAR'S SIGNATURE Mrs Helen E. Latimer	26. FUNERAL DIRECTOR John C. Sandberg	ADDRESS Blackfoot, Idaho.



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OCT 12 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 145Local Reg. No. 173Reg. Dist. No. 61D

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where mother lives?)	
a. COUNTY <u>Donnerville</u>	b. CITY OR TOWN <u>Idaho Falls</u>	a. STATE <u>Idaho</u>	b. COUNTY <u>Jefferson</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart</u>		d. STREET ADDRESS <u>Box 295</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Prophet</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug-1-1951</u>
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) <u>Merlin</u>	b. (Middle) <u>K.</u>	c. (Last) <u>Prophet</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) <u>Shirley</u>	b. (Middle) <u>Lu</u>	c. (Last) <u>Boulter</u>	<u>White</u>
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <u>2</u>	b. How many children were born alive but are now dead? <u>0</u>
17. INFORMANT <u>Merlin K. Prophet</u>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/39/51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u>	
		20b. MATERNAL CAUSES <u>no other cause known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>n</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>	23b. DATE SIGNED <u>8/2/51</u>
		23c. ATTENDANT'S ADDRESS <u>[Address]</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>
25a. BURIAL CREMATION REMOVAL <u>Removal</u>	25b. DATE <u>Aug-2-1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cedar Butte</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug-2-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>	
		ADDRESS <u>Idaho Falls</u>	

CERTIFICATE OF STATE

STATE OF
NEW YORK
COUNTY OF
SARATOGA

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No. 146

Local Reg. No. 274

Reg. Dist. No. 6/D

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg	
c. FULL NAME OF HOSPITAL OR INSTITUTION L. D. S. Hosp.		d. STREET ADDRESS (If rural, give location) 330 West Main St.	
3. CHILD'S NAME (Type or Print) BABY HARROP			
4. SEX F.M.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 21, 1951
7. FATHER'S NAME a. (First) THOMAS b. (Middle) GORDON c. (Last) HARROP		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Ririe, Idaho	11a. USUAL OCCUPATION Warehouseman	11b. KIND OF BUSINESS OR INDUSTRY Grain Elevator
12. MOTHER'S MAIDEN NAME a. (First) BEATRICE b. (Middle) GRIFFIN c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Rexburg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT T. D. Harrop			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta 20b. MATERNAL CAUSES Toxemia of pregnancy	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR as above		22. STATE ALL OPERATIONS FOR DELIVERY Cesarian section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. J. J. L. M. D. 23c. ATTENDANT'S ADDRESS Rexburg, Idaho	
23b. DATE SIGNED 9-25-51		24. SIGNATURE OF AUTHORIZED OFFICIAL A. B. Bersel TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 9/22/51	25c. NAME OF CEMETERY OR CREMATORY Little Butte	25d. LOCATION (City, town, or county) Annis, Idaho
DATE REC'D BY LOCAL REG. Sept. 27-51	REGISTRAR'S SIGNATURE Anna Budget	26. FUNERAL DIRECTOR A. B. Bersel ADDRESS Rigby, Idaho	

RECEIVED
CERTIFICATE OF STILLBIRTH

OCT 17 1951

State of Idaho

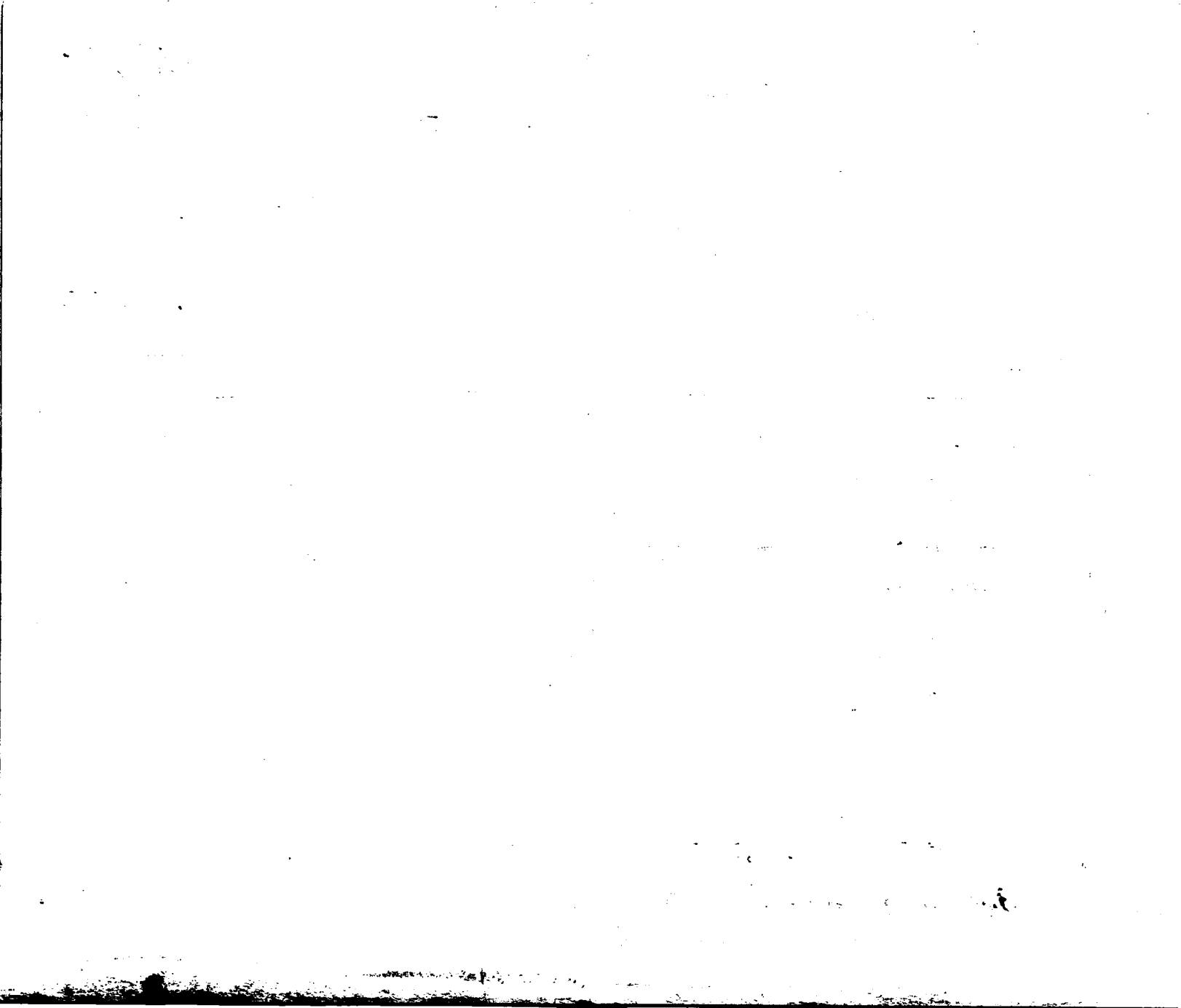
State File No. 147
Local Reg. No. 17
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY <u>Carney</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Carney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>312 - Diamond</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mersey Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Nampa</u>	
3. CHILD'S NAME (Type or Print) <u>Joan - Valick</u>			
4. SEX <u>7</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>9-20-51</u>
7. FATHER'S NAME a. (First) <u>Hubert</u> b. (Middle) <u>V.</u> c. (Last) <u>Valick</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>28</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>S.D. Dakota</u>	11a. USUAL OCCUPATION <u>Businessman</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>-</u> c. (Last) <u>Schuler</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>31</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>New Plymouth</u>	
17. INFORMANT <u>Dorothy Valick - Mother</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Ruptured membranes for induction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Maryanne Davis, M.D.</u>	
		23b. DATE SIGNED <u>9-21-51</u>	
23c. ATTENDANT'S ADDRESS <u>Nampa, Ida.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>George H. Hatcher</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>9/21/51</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Nampa Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Oct 12, 1951</u>		26. FUNERAL DIRECTOR <u>George H. Hatcher</u>	
REGISTRAR'S SIGNATURE <u>Max James Steck</u>		ADDRESS <u>Nampa Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

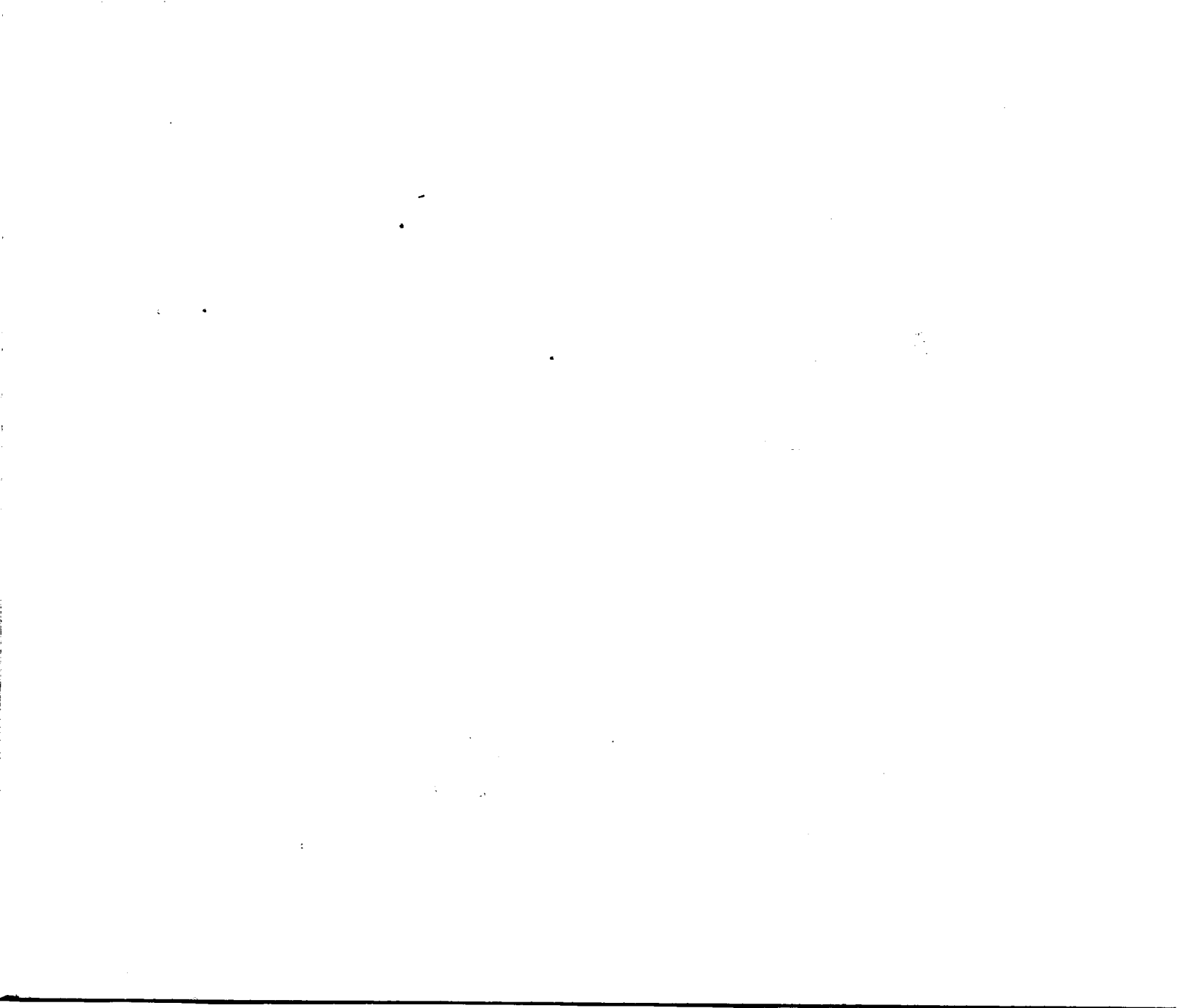
State File No. **148**
Local Reg. No. **13**
Reg. Dist. No. **34-341**

1. PLACE OF STILLBIRTH a. COUNTY Gem			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gem		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett		
c. FULL NAME OF HOSPITAL OR INSTITUTION Mary Secor Hospital			d. STREET ADDRESS (If rural, give location) 10th and Boise Ave.		
3. CHILD'S NAME (Type or Print) Baby Kemp					
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 26, 1951
7. FATHER'S NAME a. (First) Unknown b. (Middle) c. (Last)			8. COLOR OR RACE ---		
9. AGE (At time of this birth) --- YEARS	10. BIRTHPLACE (State or foreign country) ---		11a. USUAL OCCUPATION ---		11b. KIND OF BUSINESS OR INDUSTRY ---
12. MOTHER'S MAIDEN NAME a. (First) Vivian b. (Middle) Louise c. (Last) Kemp			13. COLOR OR RACE white		
14. AGE (At time of this birth) 14 YEARS	15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT <i>Vivian L. Shepard</i>					
18a. LENGTH OF PREGNANCY 20 WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes..... No. <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Unknown</i> Y 39.6			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at ----- m.		23a. ATTENDANT'S SIGNATURE <i>Ronald P. Rawlerson M.D.</i>		23b. DATE SIGNED <i>9/21/51</i>	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial		25b. DATE Sept. 28, 1951	25c. NAME OF CEMETERY OR CREMATORY Riverside		25d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. <i>Sept. 27, 1951</i>		REGISTRAR'S SIGNATURE <i>Jean A. Butty</i>		26. FUNERAL DIRECTOR <i>Beatty Chapel</i> Emmett, Ida.	



RECEIVED (1949 Revision of Standard Certificate)**OCT 9 1951** **CERTIFICATE OF STILLBIRTH****DIVISION OF VITAL** **State of Idaho**State File No. **149**Local Reg. No. **174**Reg. Dist. No. **420**

1. PLACE OF STILLBIRTH STATISTICS a. COUNTY Gooding		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gooding	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gooding Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt. 1	
3. CHILD'S NAME (Type or Print) Infant Boy Black			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 25, 1951
7. FATHER'S NAME a. (First) Walter		b. (Middle) W.	
c. (Last) Black		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Eileen		b. (Middle)	
c. (Last) Davies		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Walter W. Black			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 6-8-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES old infections of the placenta 36.5	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Grover S. Anderson	
23b. DATE SIGNED 9-26-51		23c. ATTENDANT'S ADDRESS	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Les. Jernad	
TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 9/28/51	25c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	25d. LOCATION (City, town, or county) (State) Gooding, Idaho
DATE REC'D BY LOCAL REG. 10-8	REGISTRAR'S SIGNATURE J. H. Jernad	26. FUNERAL DIRECTOR Les. Jernad	ADDRESS THOMPSON CHAPEL GOODING, IDAHO



SEP 21 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 150

Local Reg. No. 41

Reg. Dist. No. 242

1. PLACE OF STILLBIRTH a. COUNTY IDAHO		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY IDAHO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANGEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANGEVILLE	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION GENERAL		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) DOROTHY ANN STROUP			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 5, 1951
7. FATHER'S NAME a. (First) CHARLES b. (Middle) V. c. (Last) STROUP		8. COLOR OR RACE white	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Harrington, Wash.	11a. USUAL OCCUPATION dry cleaner	11b. KIND OF BUSINESS OR INDUSTRY clothing
12. MOTHER'S MAIDEN NAME a. (First) DOROTHY b. (Middle) ANNA c. (Last) LEWIS		13. COLOR OR RACE white	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Dillon, Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Charles D. Stroup			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 15 Feb 51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anencephalic monster x38.0	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR massive edema 7 legs.		22. STATE ALL OPERATIONS FOR DELIVERY Caesarian Section (per vaginal repair)	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Donald Saltman M.D. 23b. DATE SIGNED 6 Sept 51	
23c. ATTENDANT'S ADDRESS Grangeville, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL CREMATATION (Specify)	25b. DATE Sept. 5, 1951	25c. NAME OF CEMETERY OR CREMATORY RAIRVIEW	25d. LOCATION (City, town, or county) (State) GRANGEVILLE IDAHO IDAHO
DATE REC'D BY LOCAL REG. Sept 5, 1951		REGISTRAR'S SIGNATURE Isma Cone	
		26. FUNERAL DIRECTOR ADDRESS Grangeville	

STATE OF CALIFORNIA

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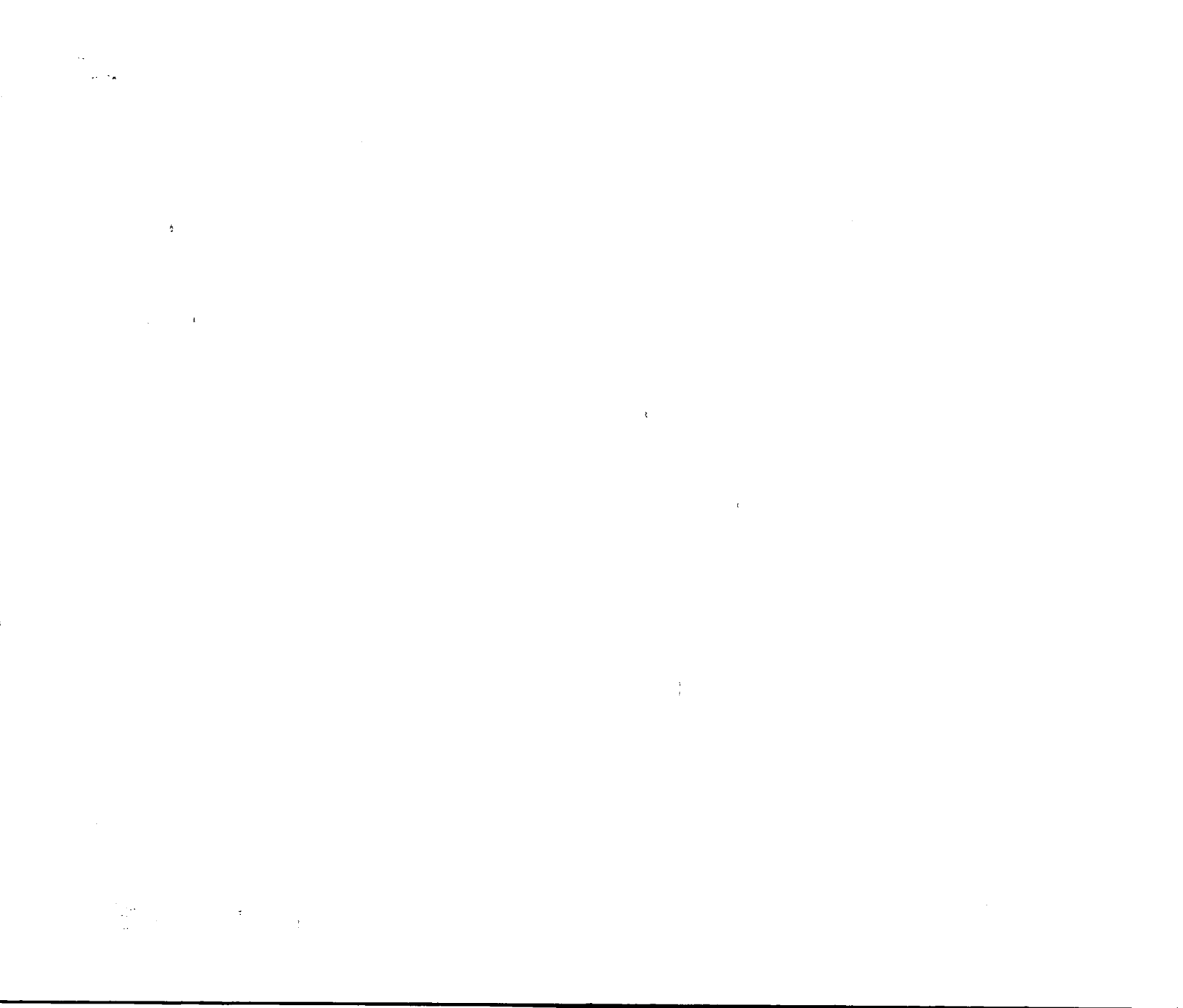
SENATE

Oct 11 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Latah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Latah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow	
c. FULL NAME OF HOSPITAL OR INSTITUTION Critman Hospital		d. STREET ADDRESS (If rural, give location) 22 N E West 6th St.	
3. CHILD'S NAME (Type or Print) Robert Michael Lothrop			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 27, 1951
7. FATHER'S NAME a. (First) Robert b. (Middle) c. (Last) Lothrop		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Mountain Home, Idaho	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Cynthia b. (Middle) c. (Last) Jessness		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Robert Lothrop			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 3/2/51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None Apparent	
		20b. MATERNAL CAUSES None Apparent	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:15 A. m.		23a. ATTENDANT'S SIGNATURE Clayde Deerp, MD Specify if M. D., midwife, or other	23b. DATE SIGNED 10/2/51
23c. ATTENDANT'S ADDRESS Moscow Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL H. R. Short TITLE	
25a. BURIAL CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-28-1951	25c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery	25d. LOCATION (City, town, or county) (State) Moscow Idaho
DATE REC'D BY LOCAL REG. 10/6/51	REGISTRAR'S SIGNATURE Lain E. Angel	26. FUNERAL DIRECTOR H. R. Short ADDRESS Moscow, Idaho Short's Funeral Chapel	



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OCT 9 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 152

Local Reg. No. 51

Reg. Dist. No. 450

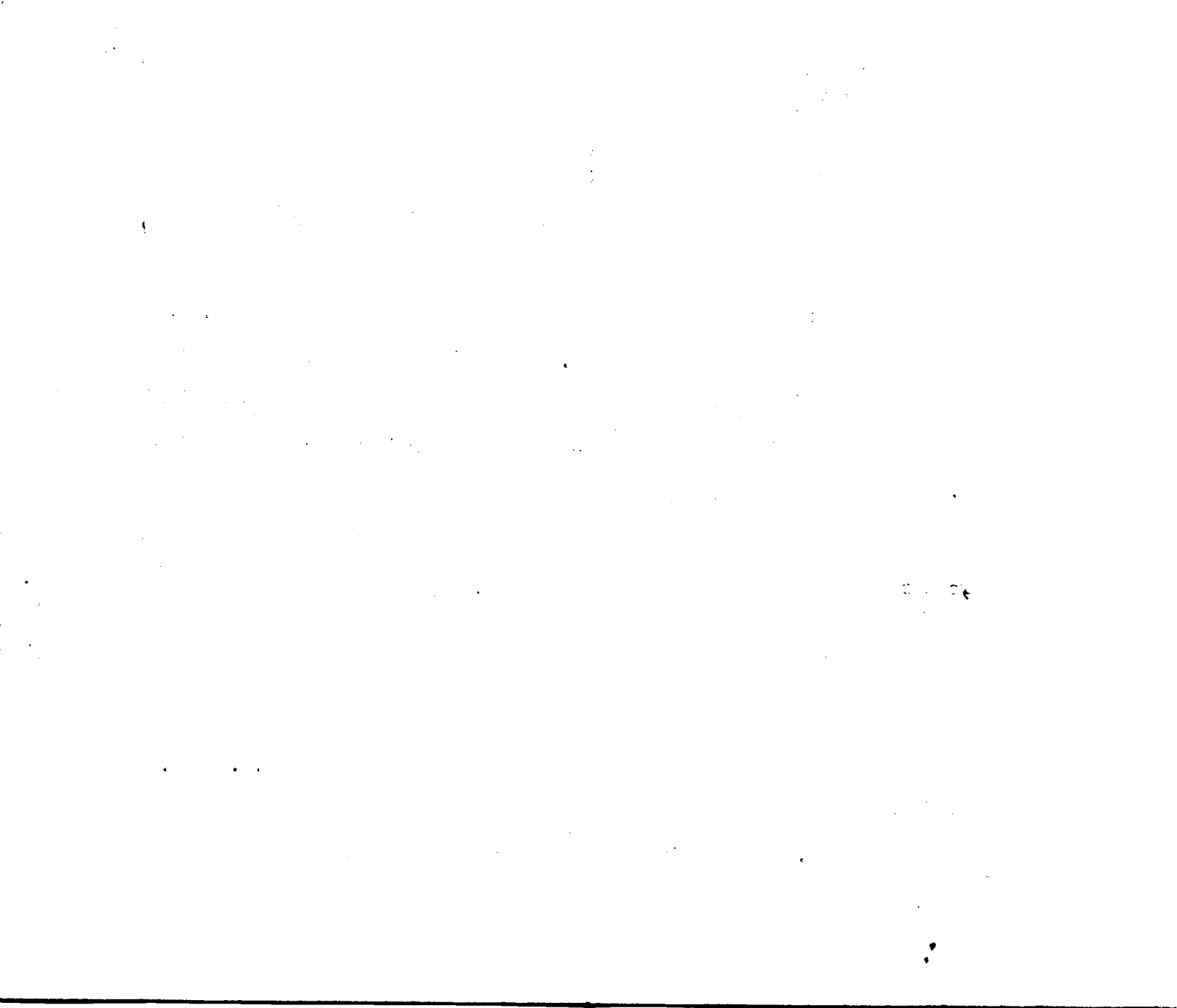
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Minnesota		a. STATE Idaho	b. COUNTY Minnesota
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS 723 7th Street	
3. CHILD'S NAME (Type or Print) Buckley			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9 - 12 - 51
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Alberto	b. (Middle) Delos	c. (Last) Buckley	White
9. AGE (At time of this birth) 51 YEARS	10. BIRTHPLACE (State or foreign country) West Jordan, Utah	11a. USUAL OCCUPATION Sugar Factory	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Wyoma	b. (Middle) —	c. (Last) Call	White
14. AGE (At time of this birth) 44 YEARS	15. BIRTHPLACE (State or foreign country) Cowley, Wyoming	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Mrs. A.D. Buckley		a. How many children are now living? 3	b. How many children were born alive but are now dead? 0
18a. LENGTH OF PREGNANCY 33 WEEKS		18b. WEIGHT AT BIRTH 3 LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 1951		y 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Compression of umbilical cord in Cervix	
		20b. MATERNAL CAUSES Uterine inertia - incomplete dilatation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Breech extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 P. m.		23a. ATTENDANT'S SIGNATURE (Specify as M. D., midwife, or other) Carroll M. Elmore, M.D.	
23b. DATE SIGNED 9/24/51		23c. ATTENDANT'S ADDRESS Rupert, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Allen Goodman		TITLE Rupert, Idaho	
25a. BURIAL, CREMATION REMOVAL (Specify) Burial	25b. DATE 9/13/51	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Rupert, Idaho
DATE REC'D BY LOCAL REG. 10-1-1951	REGISTRAR'S SIGNATURE A. H. Elmore	26. FUNERAL DIRECTOR Allen Goodman, Rupert, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **52-153**
Local Reg. No. **52-153**
Reg. Dist. No. **2-80**

1. PLACE OF STILLBIRTH a. COUNTY Payette		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Payette	
b. CITY (If outside corporate limits, write RURAL and give township) OR Payette TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Payette TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Payette Valley Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 1650 - 2nd Avenue South	
3. CHILD'S NAME ((Type or Print)) ROBERT LEE STRONG			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 2, 1951
7. FATHER'S NAME a. (First) Elmer b. (Middle) R. c. (Last) Strong	8. COLOR OR RACE White		
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Mt. Hood, Oregon USA	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Garage, filling station
12. MOTHER'S MAIDEN NAME a. (First) Louise b. (Middle) - c. (Last) Greishammer	13. COLOR OR RACE White		
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Bayreuth, Germany	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Elmer R Strong			
18a. LENGTH OF PREGNANCY 8 1/2 months	18b. WEIGHT AT BIRTH - LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb. 20, 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES hydrocephalic	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Post partum hemorrhage		22. STATE ALL OPERATIONS FOR DELIVERY normal delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:15 a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature] M.D. Sept. 2, 1951	
23c. ATTENDANT'S ADDRESS Payette, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 4, 1951	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	25d. LOCATION (City, town, or county) (State) Payette, Idaho
DATE REC'D BY LOCAL REG. Sept. 4, 1951	REGISTRAR'S SIGNATURE Bessie M. Gooden	26. FUNERAL DIRECTOR ADDRESS Gifford R. Shaffer Payette, Idaho	



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(1949 Revision of Standard Certificate)

OCT 18 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 154

Local Reg. No. 13

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (When close mother lived) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY OR TOWN <u>Kellogg</u>		c. CITY OR TOWN <u>Kellogg</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardner</u>		d. STREET ADDRESS (If rural, give location) <u>203 W. Brown</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Ochs</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 14, 1951</u>
7. FATHER'S NAME a. (First) <u>Frederick</u> b. (Middle) <u>C.</u> c. (Last) <u>Ochs</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Illinois</u>	11a. USUAL OCCUPATION <u>Logger</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lorraine</u> b. (Middle) <u>Esther</u> c. (Last) <u>Ochs</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Pre-natal</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Twins</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>C. J. Hutton MD</u>	
23b. DATE SIGNED <u>25 Sept 51</u>		23c. ATTENDANT'S ADDRESS <u>Kellogg Ida</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Grant M. Gade</u>		25. TITLE <u>Kellogg Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9/15/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>
DATE REC'D BY LOCAL REG. <u>9/27/51</u>	REGISTRAR'S SIGNATURE <u>John Hume</u>	26. FUNERAL DIRECTOR <u>Grant M. Gade</u>	
		ADDRESS <u>Kellogg Idaho</u>	

APR 28 1989

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CERTIFICATE OF STILLBIRTH
State of Idaho
OCT 23 1951

State File No. 155
Local Reg. No. 10
Reg. Dist. No. 140

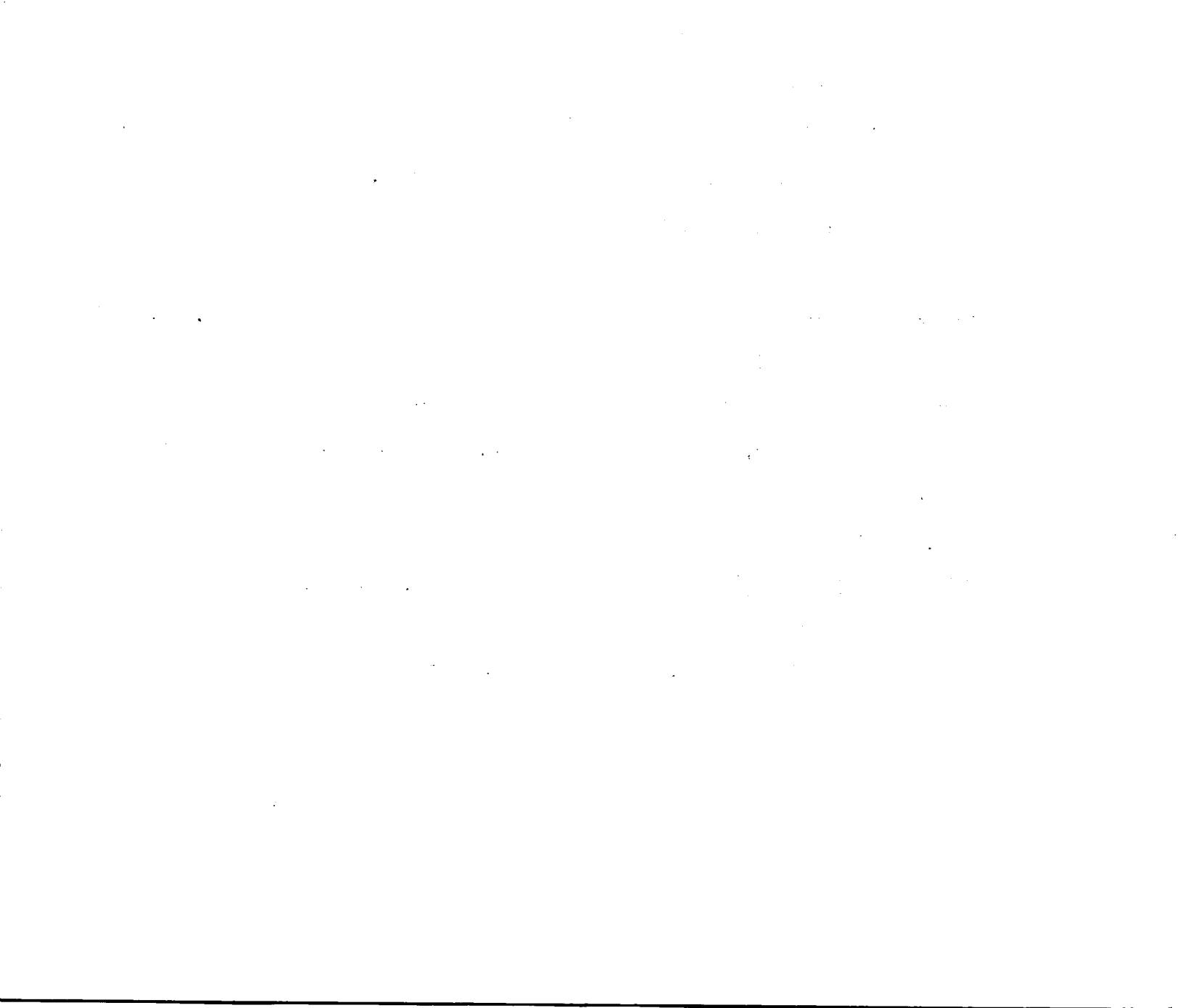
1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace Box 1061	
c. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl Rassmussen			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 24-1951
7. FATHER'S NAME a. (First) Peter b. (Middle) Rasmus c. (Last) Rassmussen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Denver, Colorado	11a. USUAL OCCUPATION Laborer - Sather	11b. KIND OF BUSINESS OR INDUSTRY Road Construction
12. MOTHER'S MAIDEN NAME a. (First) Neva b. (Middle) Belle c. (Last) Colter		13. COLOR OR RACE White	
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Spokane, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? none	
17. INFORMANT Mrs. Neva Rassmussen, Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Perineal dystocia, prolonged hard labor, premature rupture.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Perineal dystocia.		22. STATE ALL OPERATIONS FOR DELIVERY Midwifery forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Robert J. Russell, M.D.	23b. DATE SIGNED 17 Oct 51
23c. ATTENDANT'S ADDRESS Wallace, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE Sept 25-51	25c. NAME OF CEMETERY OR CREMATORY United	25d. LOCATION (City, town, or county) (State) Wallace Idaho
DATE REC'D BY LOCAL REG. Oct 5-1951		26. FUNERAL DIRECTOR'S ADDRESS Dale I Cornell Wallace Idaho	

Ms 7412

RECEIVED (1949 Revision of Standard Certificate)
OCT 10 1951
DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 8-156
Reg. Dist. No. 4-60

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Idaho</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buhl, Idaho</u> d. STREET ADDRESS (If rural, give location) <u>Route 2</u>		
3. CHILD'S NAME (Type or Print)					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 27, 1951</u>
7. FATHER'S NAME a. (First) <u>Karl</u> b. (Middle) c. (Last) <u>Bohr</u>			8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>39</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Poland</u>		11a. USUAL OCCUPATION <u>Farming</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Mario</u> b. (Middle) <u>Dora</u> c. (Last) <u>Schroeder</u>			13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>37</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Germany</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Marie Bohr</u>					
18a. LENGTH OF PREGNANCY <u>16</u> WEEKS		18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>13</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>Sept. 25, 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Rh negative, could be cause, premature labor</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Mrs. Drake</u> (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS <u>Buhl, Ida</u> If NOT attended by physician		23b. DATE SIGNED <u>10-3-51</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE		25c. NAME OF CEMETERY OR CREMATORY	
DATE REC'D BY LOCAL REG. <u>10-6-51</u>		REGISTRAR'S SIGNATURE <u>Donna Prich</u>		26. FUNERAL DIRECTOR ADDRESS	



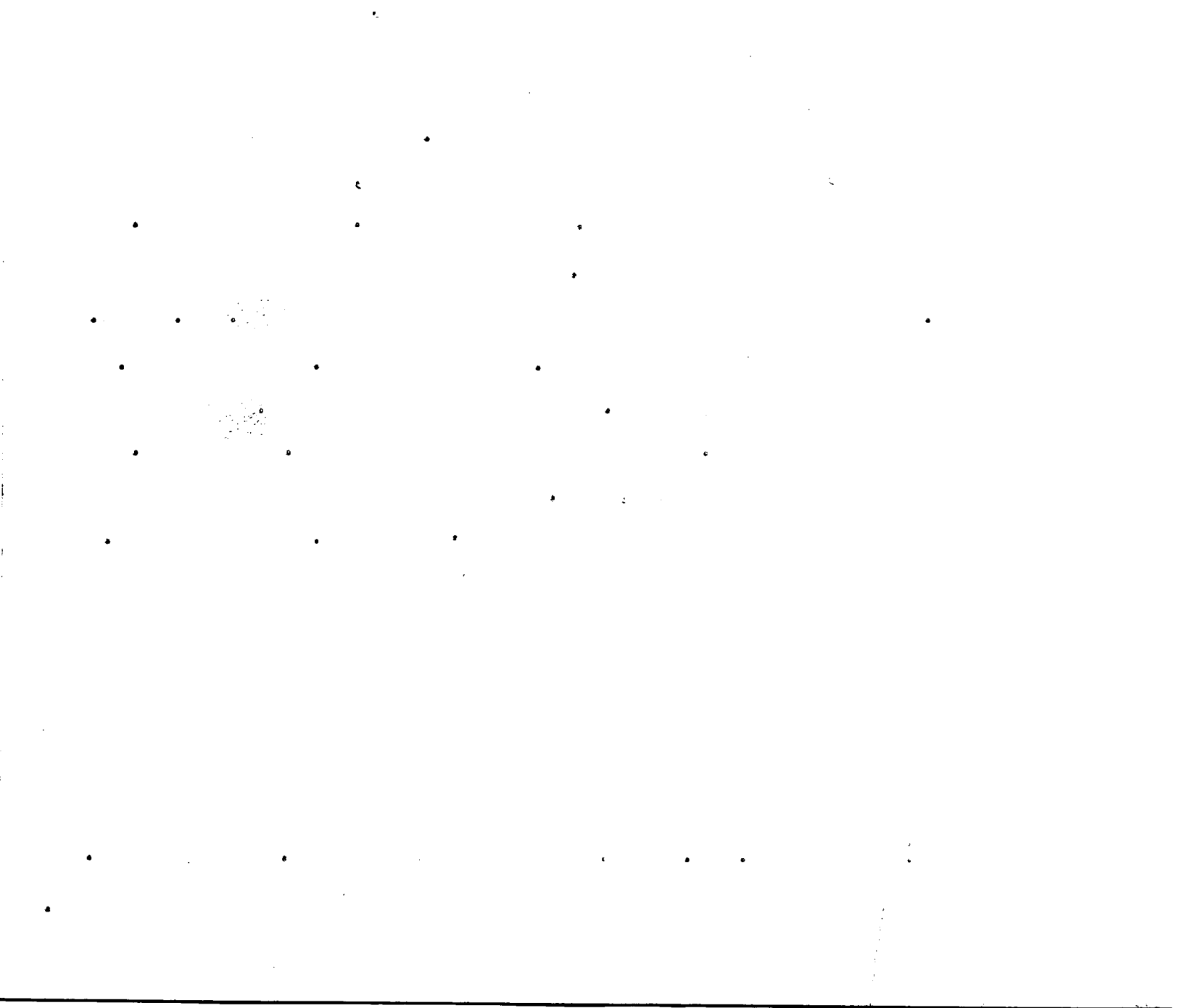
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CERTIFICATE OF STILLBIRTH

State of Idaho

DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho.</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise,</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>1305. Juanita Street.</u>	
3. CHILD'S NAME (Type or Print) <u>Joseph Darrell Raby.</u>			
4. SEX <u>Male.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October. 17. 1951.</u>
7. FATHER'S NAME a. (First) <u>Sammy</u> b. (Middle) <u>Junior</u> c. (Last) <u>Raby.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Payette, Idaho.</u>	11a. USUAL OCCUPATION <u>Construction Worker.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Begona.</u> b. (Middle) <u>Rosie</u> c. (Last) <u>Eiguren.</u>		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Jordan Valley, Ore.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None.</u> b. How many children were born alive but are now dead? <u>None.</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None.</u>	
17. INFORMANT <u>Sammy Raby 1305 Juanita St. Boise Idaho</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH <u>7 1/2</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>7-36-50</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Asphyxia due to Congenital Short Cord Around Neck</u>		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>none.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:50 P.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Max D. Gumbundson M.D.</u>	
23b. DATE SIGNED <u>10-20-51</u>		23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clyde E. Summers</u>		23e. TITLE <u>Summers Funeral Home, Boise, Idaho.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>October. 19. 1951.</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery, Boise, Idaho.</u>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>11-3-51</u>	REGISTRAR'S SIGNATURE <u>Margie Palmer</u>	26. GENERAL DIRECTOR'S ADDRESS <u>Summers Funeral Home, Boise, Idaho.</u>	



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

OCT 23 1951 Revision of Standard Certificate)

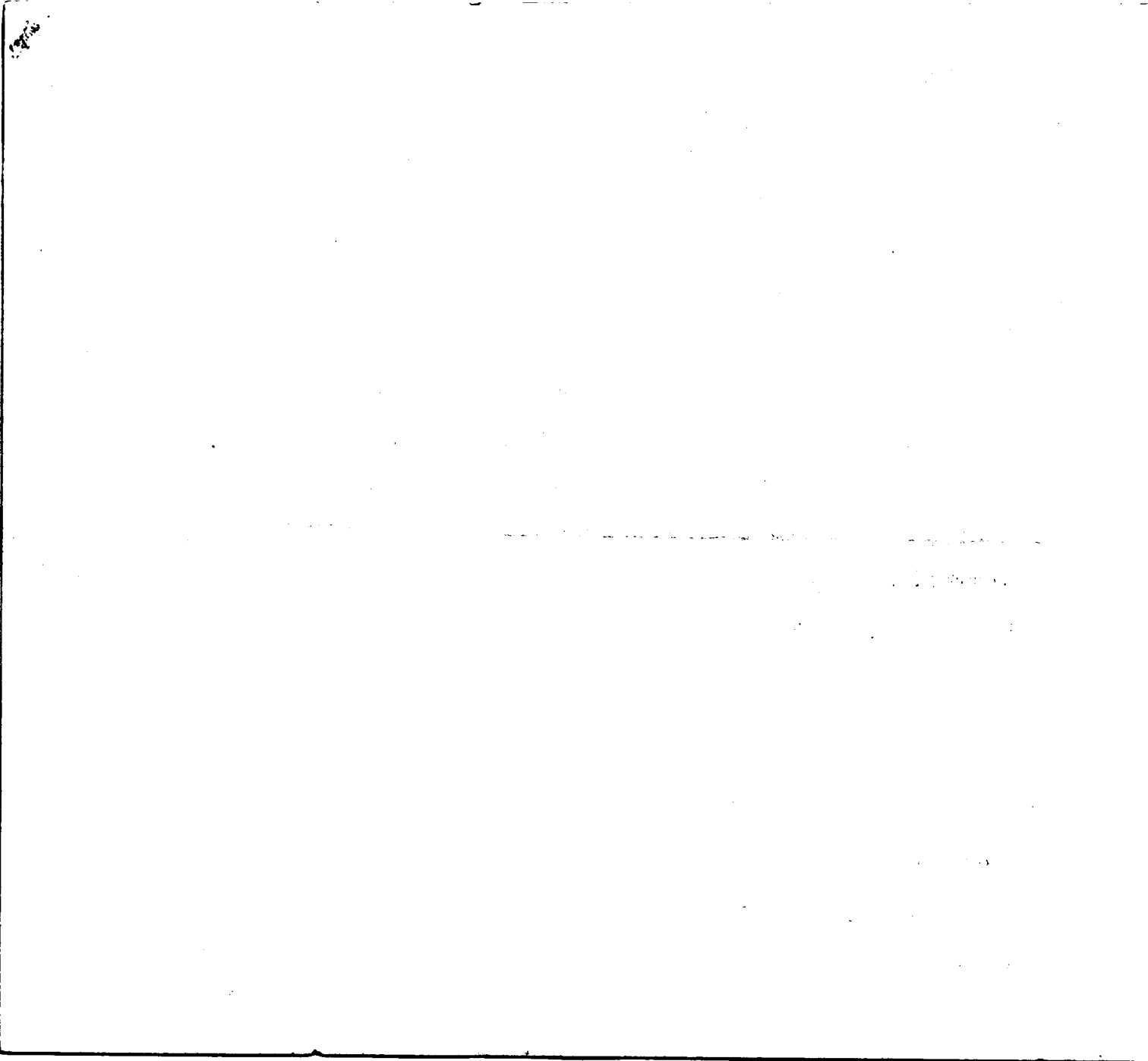
DIVISION OF VITAL STATISTICS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No.

Local Reg. No. 279

Reg. Dist. No. 5-14

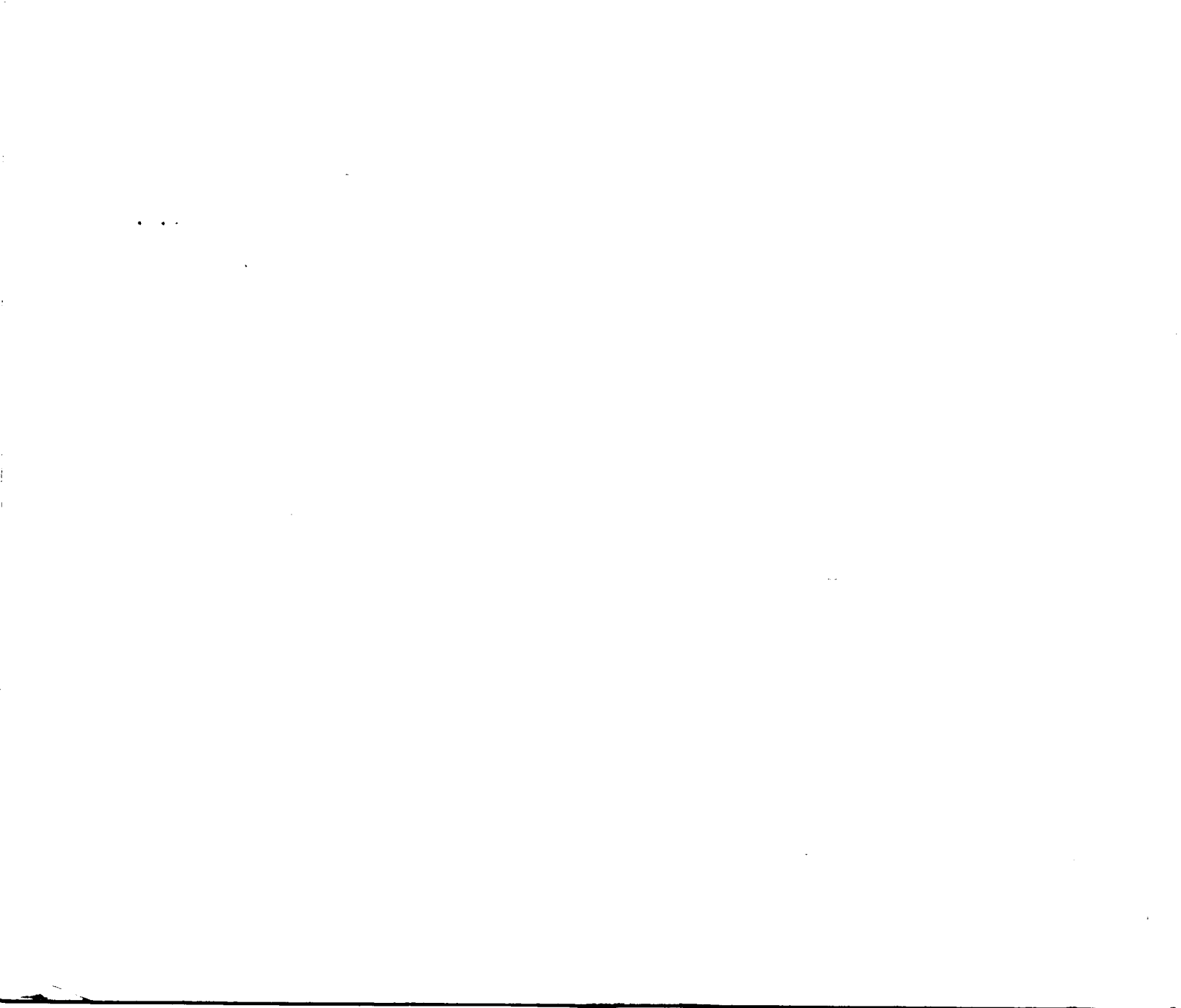
1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) Naval Ordnance Plant	
3. CHILD'S NAME (Type or Print) Baby Girl George			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 10 12 51
7. FATHER'S NAME a. (First) Gordon b. (Middle) Withers c. (Last) George		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Burton, Idaho	11a. USUAL OCCUPATION Chief Hospital Corpsman	11b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
12. MOTHER'S MAIDEN NAME a. (First) Donna b. (Middle) Fay Marie c. (Last) Hilleboe		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Portland, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 24 weeks pregnancy)? 0	
17. INFORMANT Donna F.M. George Mother			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date Y39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Not known		20a. FETAL CAUSES Pre-mature Rupture of membrane	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Dead before delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:10 p.m.		23. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) Ralph B. Hegsted M.D. 23b. DATE SIGNED 10.17-51	
24. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Jack Henderson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 15, 1951	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. Oct. 15, 1951	REGISTRAR'S SIGNATURE Jessie J. Powell	26. FUNERAL DIRECTOR ADDRESS Pocatello, Idaho	



OCT 11 1951 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 159
Local Reg. No. 164
Reg. Dist. No. 620

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Springfield</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Pingree R.F.D.</u>	
3. CHILD'S NAME (Type or Print) <u>Raymond James Jackson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 6, 1951</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>Jackson</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pingree, Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Deltha</u> b. (Middle) <u>Glenell</u> c. (Last) <u>Tanner</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>George R. Jackson</u> <u>Pingree</u>			
18a. LENGTH OF PREGNANCY <u>37</u> WEEKS	18b. WEIGHT AT BIRTH - LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Cord tied around neck</u>		
	20b. MATERNAL CAUSES <u>None</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>2 to 3+ Plac. Alb. + Hydr. BP</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:47pm.</u>	23a. ATTENDANT'S SIGNATURE <u>Dr. Miller M.D.</u> (Specify if M.D., midwife, or other)		23b. DATE SIGNED <u>10-7-51</u>
	23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Mrs. Helen E. Sturges</u> TITLE <u>Blackfoot, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10-8-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Springfield, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct 9 - 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Helen E. Sturges</u>		26. FUNERAL DIRECTOR <u>Blackfoot, Idaho</u>



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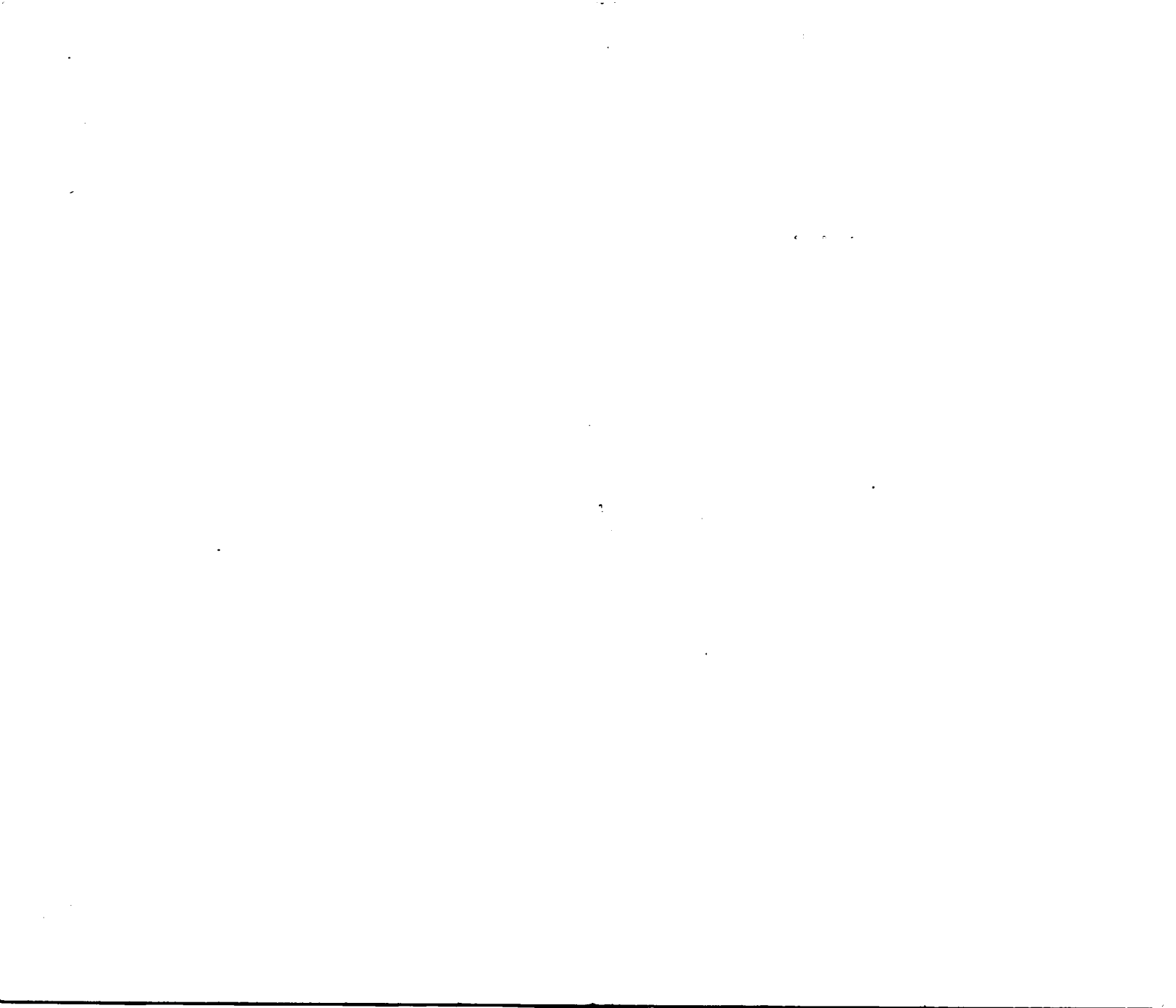
(1949 Revision of Standard Certificate)

State File No. 160
Local Reg. No. 227
Reg. Dist. No. 610

NOV 13 1951

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL Statistics State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 336 E 23 St	
3. CHILD'S NAME (Type or Print) Baby Strobel			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct 4 1951
7. FATHER'S NAME a. (First) Joseph b. (Middle) Edwin c. (Last) Strobel		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) New York City, N.Y.	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Shawna b. (Middle) Ellison c. (Last) Strobel		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT <i>Joseph Edwin Strobel</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cord twisted & wrapped about the neck 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Milton T. Rees M.D. 23b. ATTENDANT'S ADDRESS Idaho Falls, Ida 23c. SIGNATURE OF AUTHORIZED OFFICIAL Jack A. Wood 23d. DATE SIGNED Oct 8, 1951 TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct 6, 1951	25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. October 15, 1951		26. FUNERAL DIRECTOR ADDRESS Jack A. Wood Idaho Falls, Idaho	



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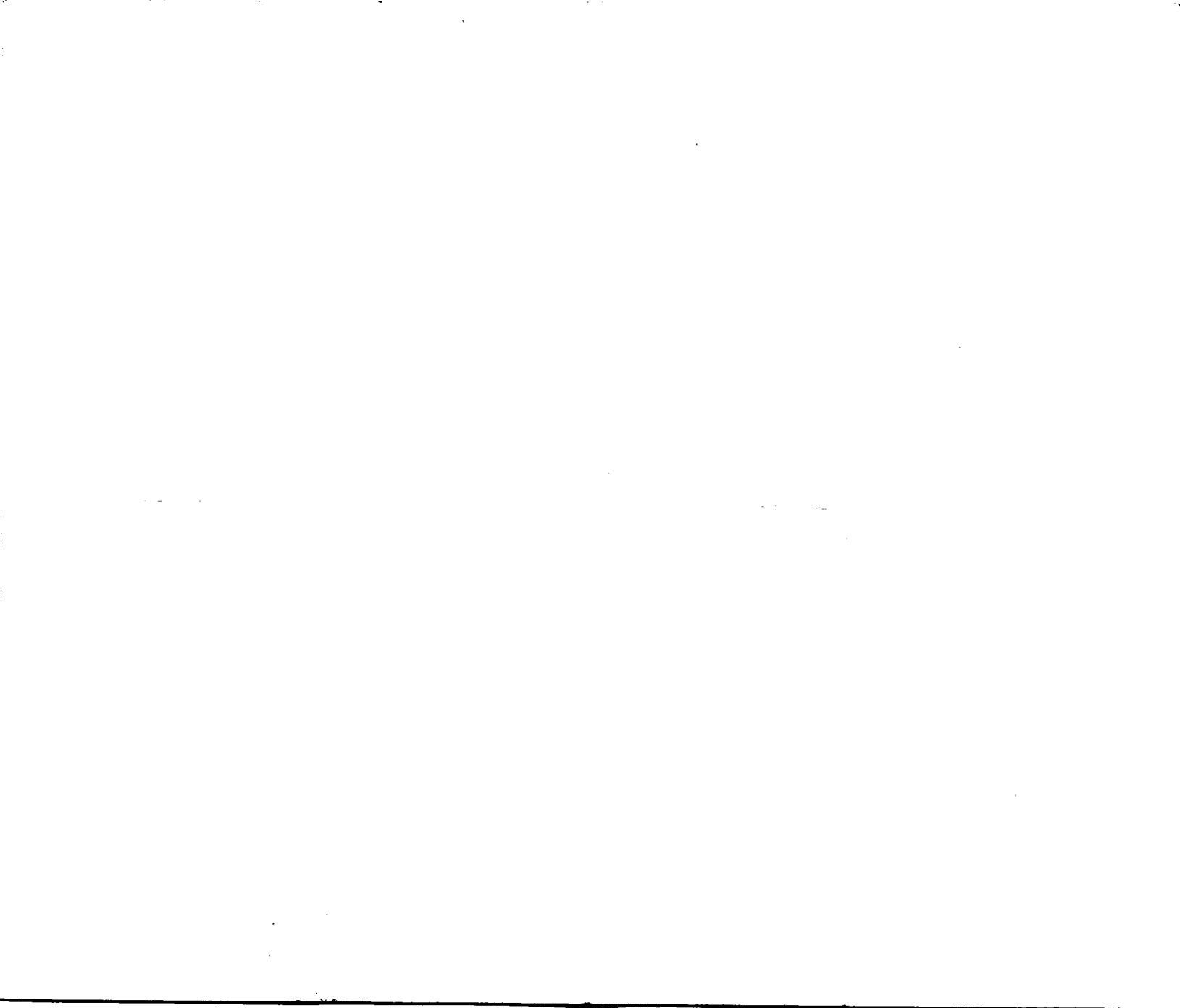
NOV 13 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 161
Local Reg. No. 230
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart		d. STREET ADDRESS (If rural, give location) 615 Cleveland	
3. CHILD'S NAME (Type or Print) Infant Hill			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 4, 1951
7. FATHER'S NAME a. (First) Tillman Leonard b. (Middle) Hill c. (Last) Hill			8. COLOR OR RACE White
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY City of Idaho Falls
12. MOTHER'S MAIDEN NAME a. (First) Norma b. (Middle) Robins c. (Last) Robins			13. COLOR OR RACE White
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Iona, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Leonard Hill			
18. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cause unknown 20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Slow cervical dilatation - 12 hours labor		22. STATE ALL OPERATIONS FOR DELIVERY R.M. L. consent	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2 p. m.		23a. ATTENDANT'S SIGNATURE [Signature]	23b. DATE SIGNED 10/12/51
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct 6, 1951	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Oct. 15-1951	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR ADDRESS Jack A Wood Idaho Falls, Idaho	



REC'D

NOV 13 1951

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 226

Reg. Dist. No. 610

152

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Utah		b. COUNTY DAVIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearfield			
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart		d. STREET ADDRESS (If rural, give location) General Delivery			
3. CHILD'S NAME (Type or Print) Stillbirth Escodedo					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 10, 1951		
7. FATHER'S NAME a. (First) SIDORO		b. (Middle) *	c. (Last) ESCODEDO	8. COLOR OR RACE Mexican	
9. AGE (At time of this birth) 17 YEARS	10. BIRTHPLACE (State or foreign country) Forsyth, Mont.	11a. USUAL OCCUPATION Labor	11b. KIND OF BUSINESS OR INDUSTRY Farm		
12. MOTHER'S MAIDEN NAME a. (First) Zulema		b. (Middle) *	c. (Last) MARADO	13. COLOR OR RACE Mexican	
14. AGE (At time of this birth) 14 YEARS	15. BIRTHPLACE (State or foreign country) Mercedes, Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT Isidoro Escodedo Jr.					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y 32.4			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES prematurity 20b. MATERNAL CAUSES Toxemia of pregnancy			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Mrs. Hater mb		23b. DATE SIGNED 10-12-51	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 10, 51	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) Idaho Falls,	(State) Idaho	
DATE REC'D BY LOCAL REG. October 12, 1951	REGISTRAR'S SIGNATURE Anna Bigler	26. FUNERAL DIRECTOR James W. Sullivan	ADDRESS Idaho Falls		

NOV 1 1951
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.

Local Reg. No. 239

Reg. Dist. No. 618

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart		d. STREET ADDRESS (If rural, give location) 155 W. 14th Street	
3. CHILD'S NAME (Type or Print) INFANT FAGER			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 26 1951
7. FATHER'S NAME a. (First) Lawrence		b. (Middle) Albert	c. (Last) Fager
8. COLOR OR RACE White			
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Nebraska	11a. USUAL OCCUPATION Bldg. Contractor	11b. KIND OF BUSINESS OR INDUSTRY Building Construction
12. MOTHER'S MAIDEN NAME a. (First) Dorothy		b. (Middle) Ellen	c. (Last) Wood
13. COLOR OR RACE White			
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Lawrence A. Fager			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Rupture of umbilical cord	
		20b. MATERNAL CAUSES -	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 8 none		22. STATE ALL OPERATIONS FOR DELIVERY - none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) B. Alan E. Emmett M.D.	
23b. DATE SIGNED 10-31-51		23c. ATTENDANT'S ADDRESS 2000 3rd St, Idaho Falls	
24. SIGNATURE OF AUTHORIZED OFFICIAL Alfred E. Emmett		TITLE Physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 27, 1951	25c. NAME OF CEMETERY OR CREMATORY Fielding Mem. Park	25d. LOCATION (City, town, or county) (State) Bonneville Idaho
DATE REC'D BY LOCAL REG. Oct. 31-1951		26. FUNERAL DIRECTOR Alfred E. Emmett ADDRESS Idaho Falls, Idaho	

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NOV 14 1951DIVISION OF VITAL STATISTICS
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 164

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Butte	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township)	Arco	b. COUNTY	
c. FULL NAME OF HOSPITAL OR INSTITUTION	Dr. Reimer office	c. CITY (If outside corporate limits, write RURAL and give township)	Coalt
		d. STREET ADDRESS	(If rural, give location)

3. CHILD'S NAME (Type or Print)			
Derry K. Watson			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	October 30 1951

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Joseph	F.	Watson	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
28 YEARS	Rebergy Idaho	Electrician	Electrical

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Edith	V.	Simball	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
20 YEARS	Racoteels Ida	a. How many children are now living?	b. How many children were born alive but are now dead?

17. INFORMANT	18a. LENGTH OF PREGNANCY (Weeks)		18b. WEIGHT AT BIRTH (LBS. OZS.)	19. Was a standard serological test for syphilis performed? Yes..... No.....
J. G. Watson				Approximate date

18a. LENGTH OF PREGNANCY (Weeks)	18b. WEIGHT AT BIRTH (LBS. OZS.)	19. Was a standard serological test for syphilis performed? Yes..... No.....
		Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES
	Premature separation of the placenta.

20b. MATERNAL CAUSES
Pre-eclampsia

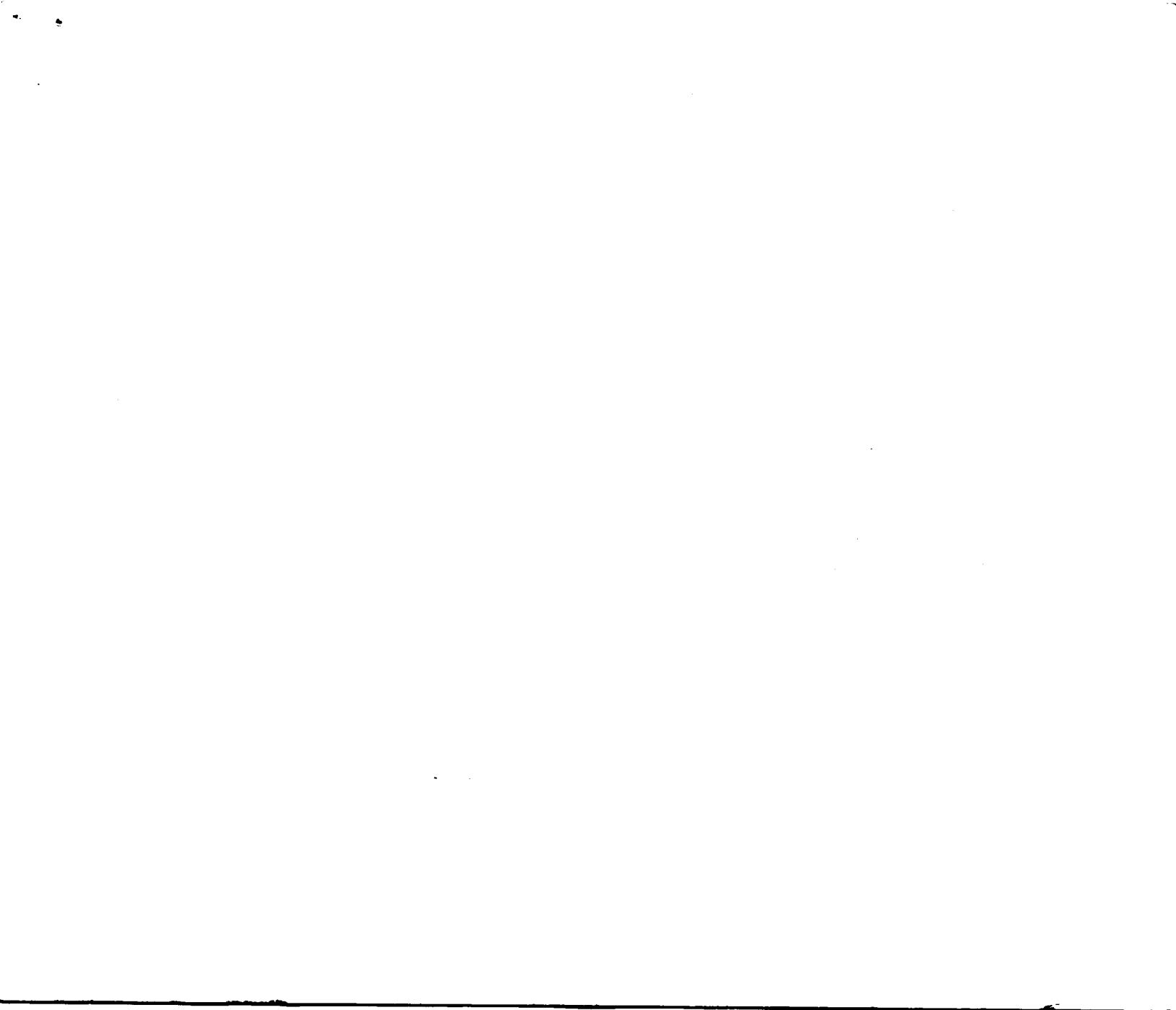
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Pre-eclampsia, severe	none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:15 a.m.	23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
	J. Reimer M.D.	M. D.	11/3/51
	23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL
	Box 566, Arco, Idaho		TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Burial	Oct. 31-51	Mt. M ^c aleb	Mackay	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Nov. 12-1951	Betty J. Marvel	Betty J. Marvel	Arco

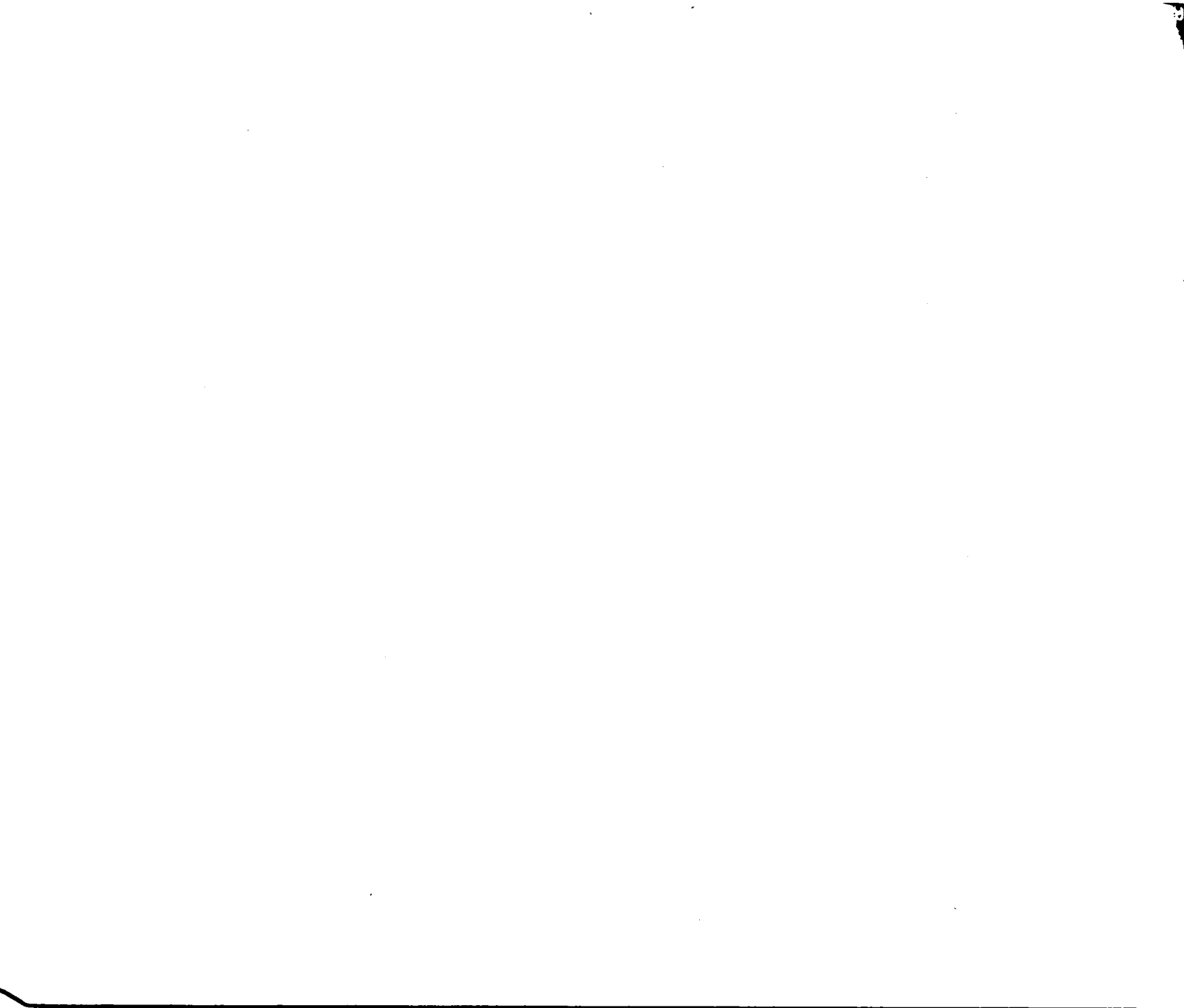
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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 155
Local Reg. No. 19
Reg. Dist. No. 340-24

1. PLACE OF STILLBIRTH a. COUNTY Gem		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bern	
b. CITY OR TOWN Emmett		c. CITY OR TOWN Emmett	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mary Secor Hospital		d. STREET ADDRESS (If rural, give location) 702 E. 2nd	
3. CHILD'S NAME (Type or Print) No Name			
4. SEX 7	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 6 PM 10-22-51
7. FATHER'S NAME a. (First) Delyle b. (Middle) J. c. (Last) Nebeker		8. COLOR OR RACE W	
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Rigby, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farmer
12. MOTHER'S MAIDEN NAME a. (First) Alta b. (Middle) Leona c. (Last) Barker		13. COLOR OR RACE W	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Lorens, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Delyle J. Nebeker			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug. 7, 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta	
		20b. MATERNAL CAUSES Hypertension	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hypertension & Abruptio placentae		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D. H. H. H.	23b. DATE SIGNED 10.28.51
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE Oct. 24, 1951	25c. NAME OF CEMETERY OR CREMATORY Riverside	25d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. Oct. 28, 1951	REGISTRAR'S SIGNATURE Jean A. Peatty	26. FUNERAL DIRECTOR Peatty Chapel	ADDRESS Emmett, Ida.



OCT 11 1951 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

156
State File No.
Local Reg. No. 332
Reg. Dist. No. 421

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wendell</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Valentine's Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gooding</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hagerman</u> d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>ELIZABETH GLAUNER</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 4, 1951</u>		
7. FATHER'S NAME a. (First) <u>Hale</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Glauner</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>35 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Hagerman, Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Amy</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Butts</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>31 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Lewistown, Mont.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Amy Glauner (mother)</u>					
18a. LENGTH OF PREGNANCY <u>40 WEEKS</u>	18b. WEIGHT AT BIRTH <u>7 LBS. 5 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May 1951</u> <u>y 39.6</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>			
		20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Precipitate labor-delivery</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:30 a.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Harold H. Holmberg MD</u>		23b. DATE SIGNED <u>10-9-51</u>	
		23c. ATTENDANT'S ADDRESS <u>Wendell, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Percy Parks</u> TITLE <u>doctor</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 4, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hagerman</u>		25d. LOCATION (City, town, or county) (State) <u>Hagerman, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Lester M. Rose, OSB</u>		25. FUNERAL DIRECTOR <u>Percy Parks</u>	

1000

RECEIVED

(1949 Revision of Standard Certificate)

NOV 1 1951

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.

Local Reg. No. 199

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1220 Elm Street	

3. CHILD'S NAME (Type or Print) Baby Boy Mosman			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 20, 1951

7. FATHER'S NAME a. (First) Gerald		b. (Middle) Walter		c. (Last) Mosman		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS		10. BIRTHPLACE (State or foreign country) Uniontown, Washington		11a. USUAL OCCUPATION Architect		11b. KIND OF BUSINESS OR INDUSTRY Building	

12. MOTHER'S MAIDEN NAME a. (First) Loretta		b. (Middle) H.		c. (Last) Worms		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS		15. BIRTHPLACE (State or foreign country) Melrose, Minnesota		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE			

17. INFORMANT Gerald W. Mosman		18a. LENGTH OF PREGNANCY 26 WEEKS		18b. WEIGHT AT BIRTH Not weighed		18c. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxia (Cord around neck)					
		20b. MATERNAL CAUSES					

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) A. J. White, M.D. Dr. A.J. White, MD		23b. DATE SIGNED 10/22/1951	
23c. ATTENDANT'S ADDRESS		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Oct. 23, 1951		25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery		25d. LOCATION (City, town, or county) (State) Lewiston, Idaho	
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DATE REC'D BY LOCAL REG. Oct. 23, 1951		REGISTRAR'S SIGNATURE Jean Negel		26. FUNERAL DIRECTOR By- R. H. Malcom		ADDRESS Lewiston, Idaho.	
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RECEIVED

NOV 8 1951
1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No. 158

Local Reg. No. 204

Reg. Dist. No. 220

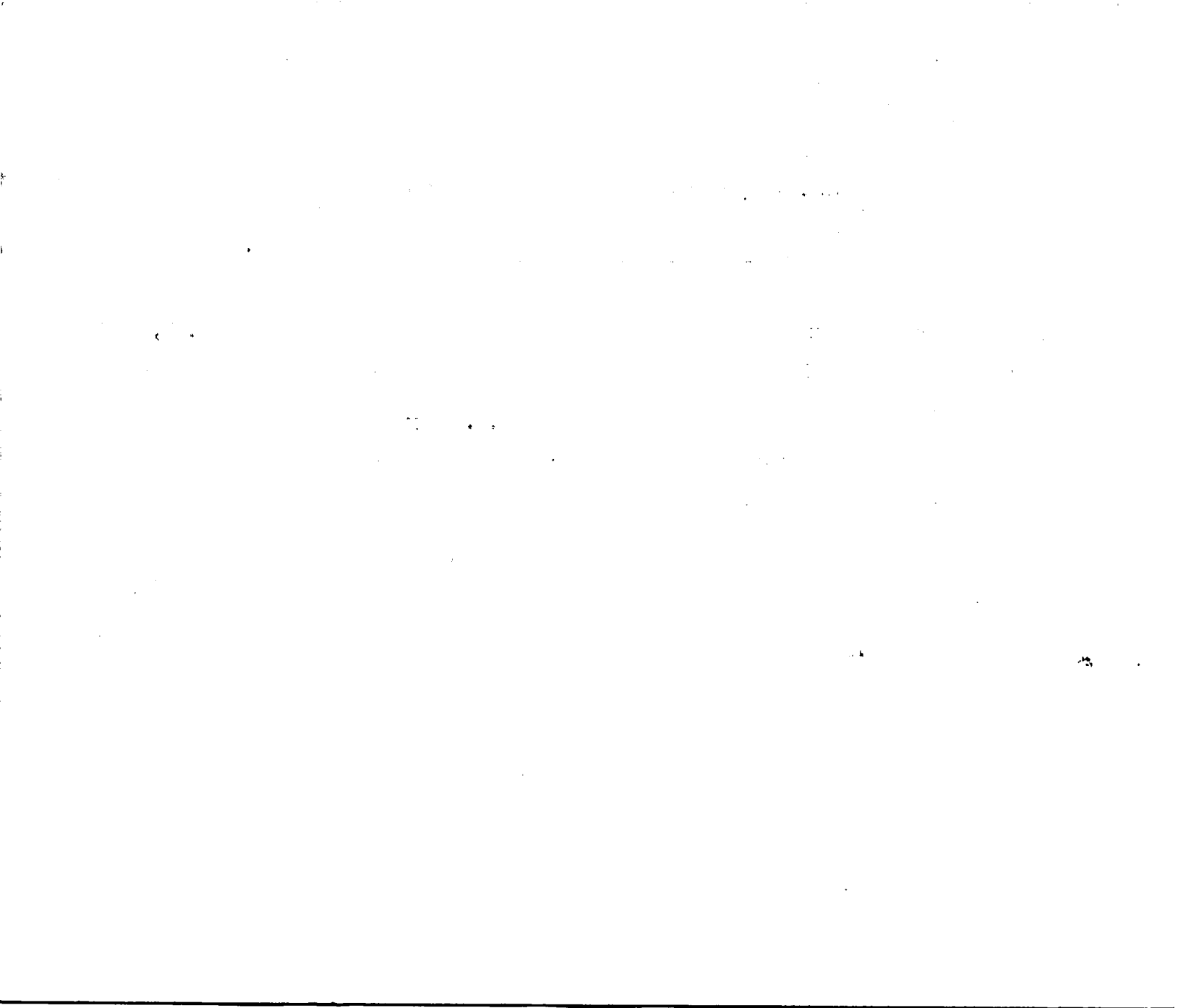
1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Nez Perce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Julietta</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
3. CHILD'S NAME (Type or Print) <u>Baby</u> CHARLOTTE KAY <u>COOL</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 24, 1951</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>E.</u> c. (Last) <u>Cool</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>24</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	
11a. USUAL OCCUPATION <u>Laborer</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Joanne</u> c. (Last) <u>Parks</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	
17. INFORMANT <u>L. Harold Parks</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH <u>10</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>4-17-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Hydrocephalic</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Breech Extraction</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:23</u> P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. M. H. Malcom</u>	
23b. DATE SIGNED <u>10-25-51</u>		23c. ATTENDANT'S ADDRESS <u>Lewiston Id</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Brower-Wann Co.</u>		TITLE <u>Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 26, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct. 26, 1951</u>		26. FUNERAL DIRECTOR <u>H. H. Malcom</u>	

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(1949 Revision of Standard Certificate)

NOV 7 1951
DIVISION OF VITAL STATISTICSCERTIFICATE OF STILLBIRTH
State of IdahoState File No. 159
Local Reg. No. 72
Reg. Dist. No. 460

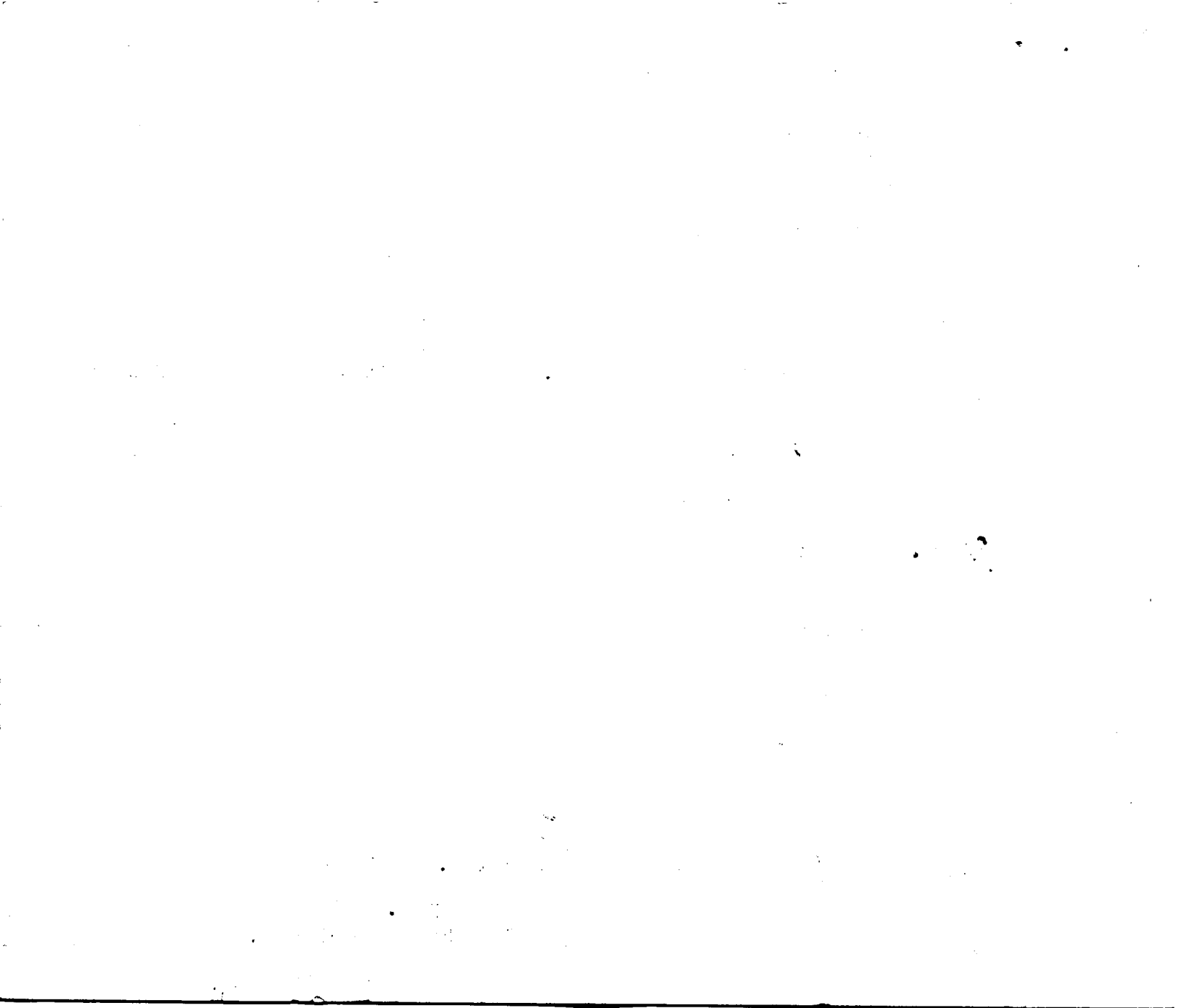
1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>158 Harrison St.</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 1, 1951</u>
7. FATHER'S NAME a. (First) <u>Lloyd</u> b. (Middle) <u>Lierman</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>U.S. Army</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Patricia</u> b. (Middle) <u>Marie</u> c. (Last) <u>Lynn</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Patricia Marie Lierman</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>39.6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:55 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Ellwood J. Rees M.D.</u>	
23b. DATE SIGNED <u>10-29-51</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Twin Falls Lab</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>11-1-51</u>		REGISTRAR'S SIGNATURE <u>Lenna Quach</u>	
26. FUNERAL DIRECTOR		ADDRESS	



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STATE OF STILLBIRTH
OCT 13 1951
State of Idaho

State File No. 170
Local Reg. No. 7
Reg. Dist. No. 760

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4th Street West, Twin Falls		d. STREET ADDRESS (If rural, give location) 4th Street West	
3. CHILD'S NAME (Type or Print) Donna Louise Musselwhite			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 10 2 51
7. FATHER'S NAME a. (First) James b. (Middle) L. c. (Last) Musselwhite		8. COLOR OR RACE White	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Winnie b. (Middle) c. (Last) Brown		13. COLOR OR RACE White	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Winnie Musselwhite			
18a. LENGTH OF PREGNANCY 26 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. No. Approximate date Oct. 3, 1951 y39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Spontaneous Late Abortion Possible	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:42 p.m.		23a. ATTENDANT'S SIGNATURE Langlois Schan M.D. 23c. ATTENDANT'S ADDRESS Twin Falls, Idaho 23b. DATE SIGNED 10/5/51 24. SIGNATURE OF AUTHORIZED OFFICIAL Stanley C. Phillips TITLE Twin Falls Mortuary, Twin Falls, Ida.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 8, 51	25c. NAME OF CEMETERY OR CREMATORY I O O F Filer Ida	25d. LOCATION (City, town, or county) (State) Filer Idaho
DATE REC'D BY LOCAL REG. 10-11-51	REGISTRAR'S SIGNATURE Donna Louise	26. FUNERAL HOME FOR Stanley C. Phillips Twin Falls Mortuary, Twin Falls, Ida.	



OCT 19 1951
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>		
b. CITY OR TOWN <u>Twin Falls, Idaho</u>			c. CITY OR TOWN <u>Twin Falls, Idaho</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Logic Valley Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>936 Third Ave. W.</u>		
3. CHILD'S NAME (Type or Print) <u>George Alvin Koch</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 7, 1951</u>		
7. FATHER'S NAME a. (First) <u>Howard</u> b. (Middle) <u>Koch</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Bacon Produce Co.</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Blanche</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Koch</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>			
17. INFORMANT <u>Mrs. Blanche Koch</u>					
18a. LENGTH OF PREGNANCY WEEKS <u>Not weighed</u>	18b. WEIGHT AT BIRTH <u>Not weighed</u>	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>39.6</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>No apparent cause determined</u> 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>J. Woodson Creed, MD</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>10/15/51</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician			
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10/9/51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>10-16-51</u>	REGISTRAR'S SIGNATURE <u>Clonnie Paul</u>	26. FUNERAL DIRECTOR <u>James E. Reynolds</u> ADDRESS <u>Reynolds Funeral Home - Twin Falls, Ida.</u>			

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(1949 Revision of Standard Certificate)

OCT 25 1951

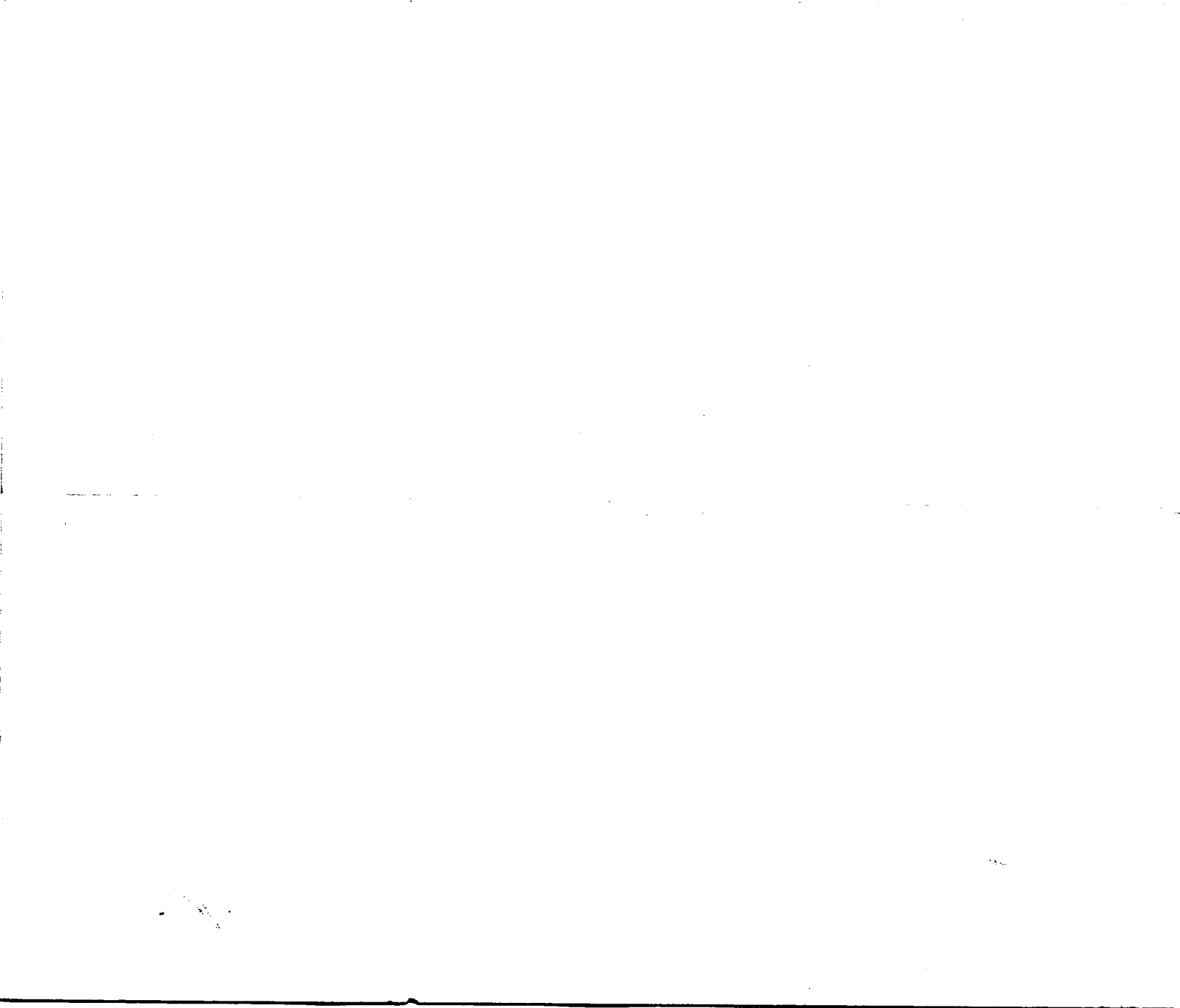
DIVISION OF VITAL STATISTICS

State of Idaho

State File No.

Local Reg. No. 417Reg. Dist. No. 370

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <u>Ada</u>			a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3913 Nez Perce Street</u>		
3. CHILD'S NAME (Type or Print) <u>PATRICK LOWTHER</u>					
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>9-22-51</u>		
7. FATHER'S NAME a. (First) <u>Louis</u>		b. (Middle) <u>Ross</u>		c. (Last) <u>Lowther</u>	
9. AGE (At time of this birth) <u>26</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Caldwell, Idaho</u>		11a. USUAL OCCUPATION <u>U. S. Army</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Carol</u>		b. (Middle) <u>Virginia</u>		c. (Last) <u>Newman</u>	
14. AGE (At time of this birth) <u>24</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Seattle, Washington</u>		13. COLOR OR RACE <u>white</u>	
17. INFORMANT <u>Carol N. Lowther (mother)</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u>		b. How many children were born alive but are now dead? <u>0</u>	
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS		18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>7-39-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>			
		20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:54</u> p.m.		23a. ATTENDANT'S SIGNATURE <u>W. D. Springer</u>		23b. DATE SIGNED <u>10-22-51</u>	
		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. D. Springer</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		25b. DATE <u>September 22, 1951</u>		25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	
				25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>12-5-51</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL DIRECTOR <u>W. D. Springer</u>	
				ADDRESS <u>Supt.</u>	



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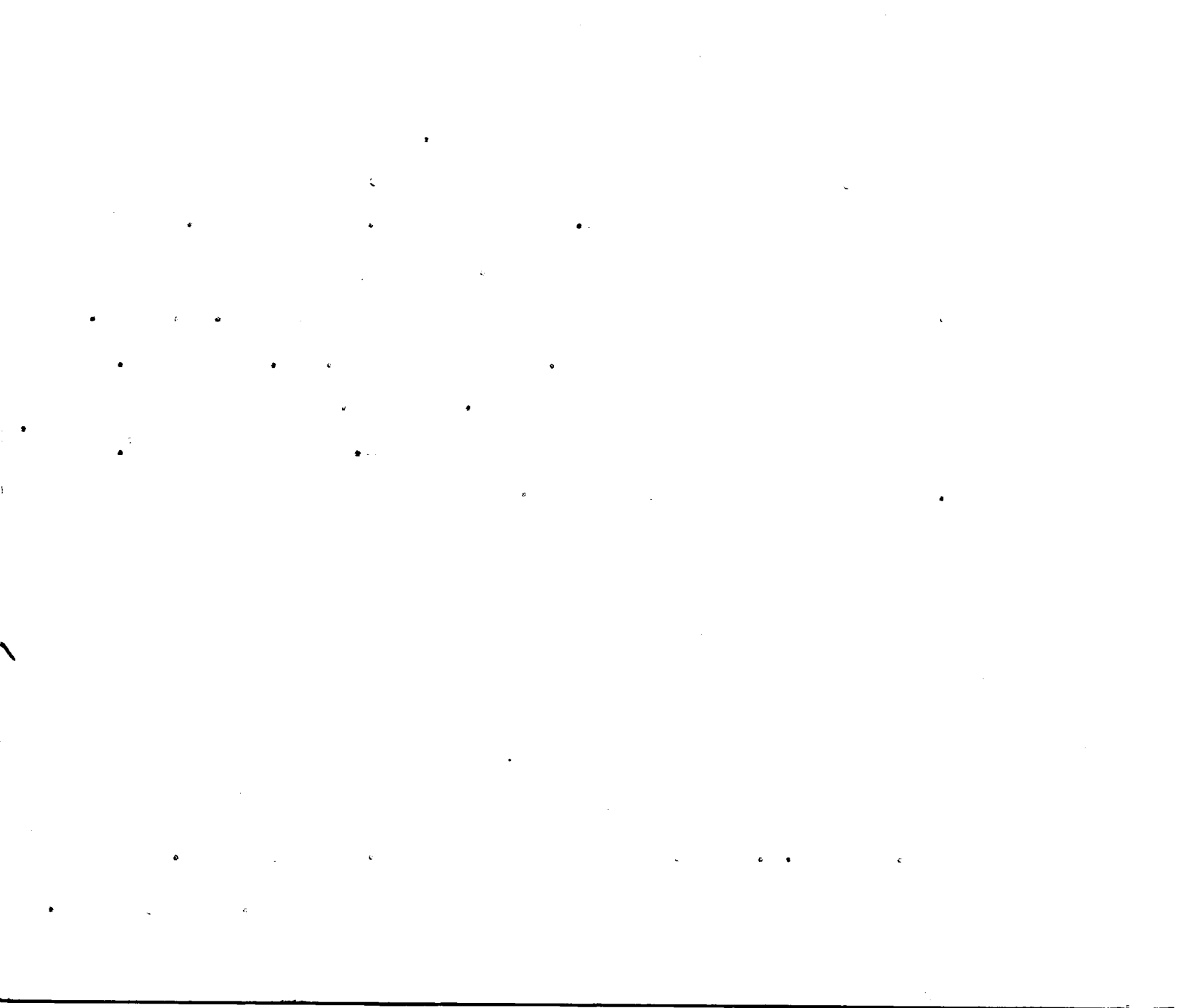
(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No. 173
Local Reg. No. 429
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise</u>		c. CITY OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2121 N. 17th Street</u>	
3. CHILD'S NAME (Type or Print) <u>Gwin</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 28, 1951</u>
7. FATHER'S NAME a. (First) <u>Lawrence</u> b. (Middle) <u>Lamar</u> c. (Last) <u>Gwin</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Windsor, Colorado</u>	11a. USUAL OCCUPATION <u>Cook</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Owyhee Hotel</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Shirley</u> b. (Middle) <u>Adell</u> c. (Last) <u>Miller</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Shoshone, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Shirley M. Gwin (mother)</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>20 + 27 Oct 51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placenta praevia Centralis</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Uterine Hemorrhage - Placenta Praevia</u>			
22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:59am</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. J. J. J. J. J.</u>	
		23b. DATE SIGNED <u>7 Nov 51</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremated</u>		25b. DATE <u>Oct. 28, 1951</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>St. Luke's Hospital Boise Idaho</u>	
DATE REC'D BY LOCAL REG. <u>12-10-51</u>		26. FUNERAL DIRECTOR ADDRESS <u>Walter B. Ross RN Laft.</u>	

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>1817. Abbs Street.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY BAINES.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November, 6, 1951</u>
7. FATHER'S NAME a. (First) <u>Joseph</u> b. (Middle) <u>S.</u> c. (Last) <u>Baines, Jr.</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Grand Junction, Colorado</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>What he could get to do.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Iola</u> b. (Middle) <u>Bernice</u> c. (Last) <u>Vail</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Great Falls, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Joseph S. Baines, Jr. Boise, Idaho</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-20-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Carl D. Rush</u> 23c. ATTENDANT'S ADDRESS <u>Mendenhall Ida</u>	23b. DATE SIGNED <u>11-20-51</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u> TITLE <u>Summers Funeral Home, Boise, Idaho.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov. 9, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-26-51</u>	REGISTERAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>Summers Funeral Home, Boise, Idaho.</u>	



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JUN 8 1951

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

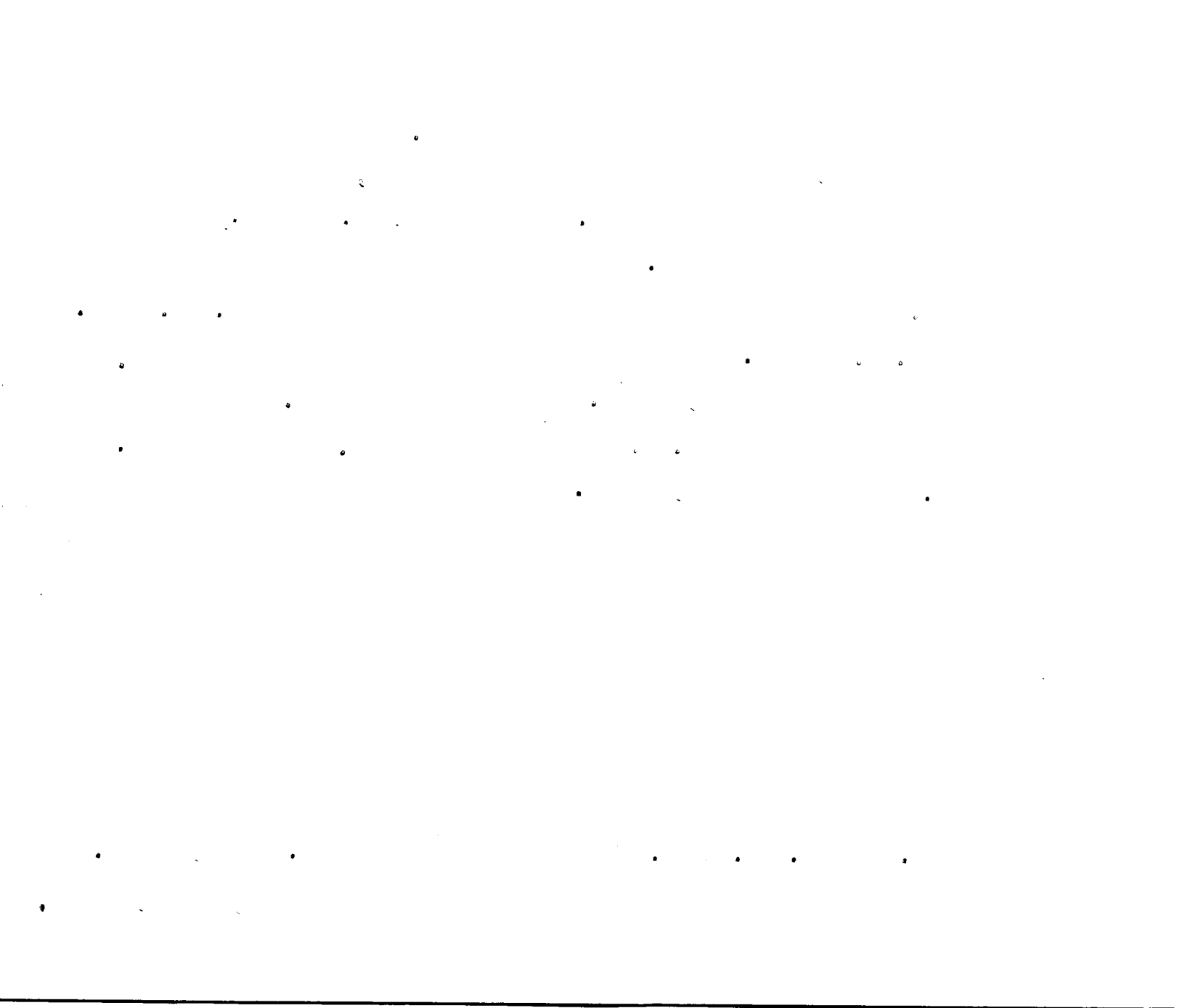
State of Idaho

State File No.

Local Reg. No. 425

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Ada			a. STATE Idaho.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise,			b. COUNTY Ada		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Alphonsus Hospital.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise,		
			d. STREET ADDRESS (If rural, give location) 1406. Owyhee.		
3. CHILD'S NAME (Type or Print) Jill Hooper.					
4. SEX Female.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH November. 27. 1951.		
7. FATHER'S NAME Harold. A. Hooper.		a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE White.	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Ashton, Idaho.	11a. USUAL OCCUPATION Automobile Dealer.		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME Virginia. F.		a. (First) b. (Middle) c. (Last)		13. COLOR OR RACE White.	
14. AGE (At time of this birth) 33. YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
		a. How many children are now living? 3	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Harold A. Hooper					
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date May 1951			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxia - Short Cord Around neck. 736.0			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none			22. STATE ALL OPERATIONS FOR DELIVERY none.		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max D. Summers MD		23b. DATE SIGNED 11-28-51	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		25b. DATE Nov. 28. 1951.		25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park. Boise, Idaho.	
25d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. 12-6-51		REGISTRAR'S SIGNATURE Myrtle Palmer		26. FUNERAL DIRECTOR'S ADDRESS Summers Funeral Home, Boise, Idaho.	



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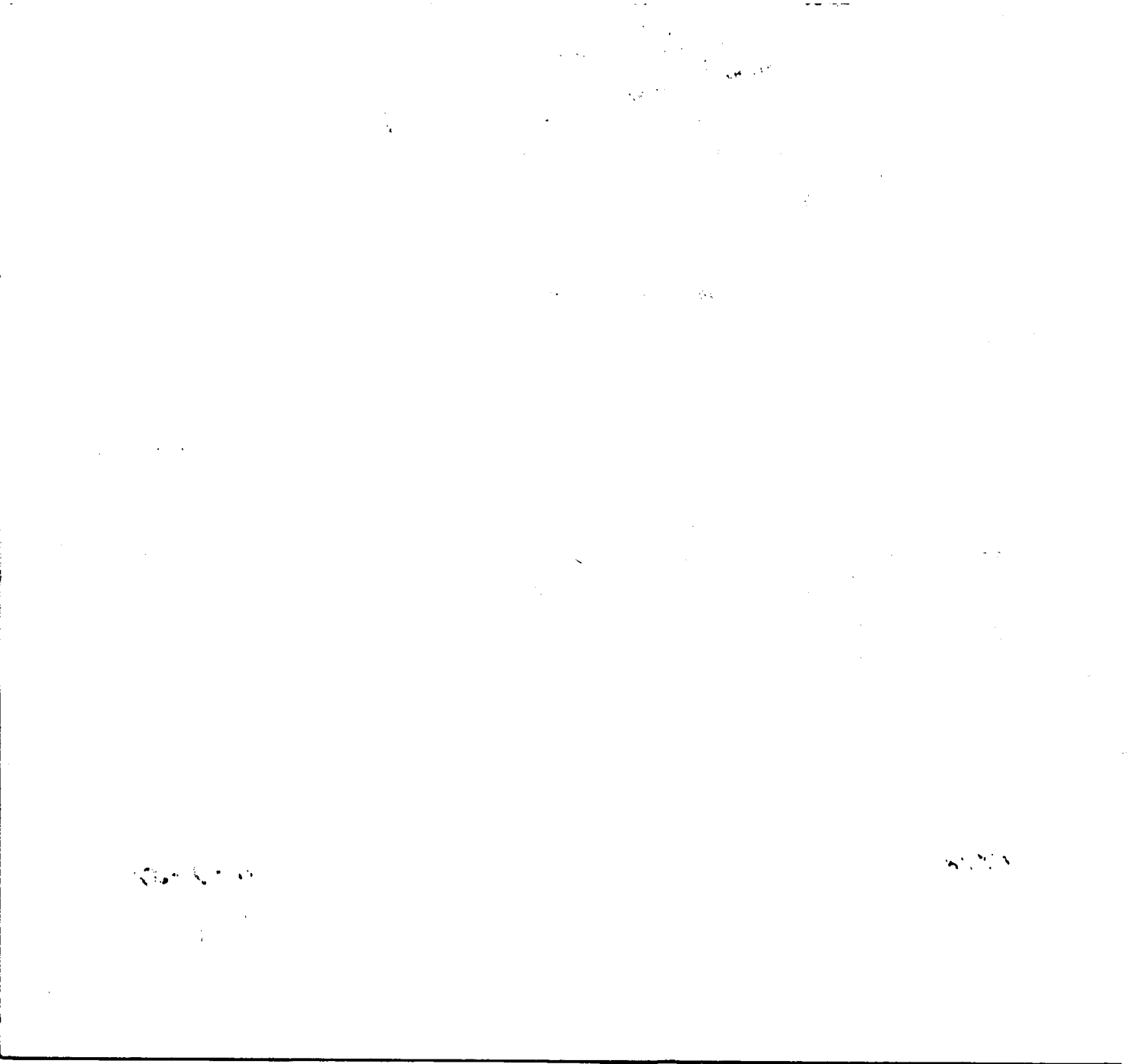
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.

Local Reg. No. 303

Reg. Dist. No. 540

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 829 1/2 South Main	
3. CHILD'S NAME (Type or Print) Baby Boy Dominguez			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 11 2 51
7. FATHER'S NAME a. (First) Manuel b. (Middle) Dominguez c. (Last) Dominguez		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Walsenburg, Colorado	11a. USUAL OCCUPATION Machinist Appr.	11b. KIND OF BUSINESS OR INDUSTRY N.O.P.
12. MOTHER'S MAIDEN NAME a. (First) Rose b. (Middle) Marie c. (Last) Leon		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Dubois, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT Rose Leon Dominguez Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 1/36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES Strangulation of Cord around Baby's Neck 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Outlet Forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11-12 a.m.		23. ATTENDANT'S SIGNATURE Ralph B. Leggett M.D. 23b. DATE SIGNED 11-7-51	
23a. ATTENDANT'S ADDRESS Pocatello		24. SIGNATURE OF AUTHORIZED OFFICIAL Eyrone B. Darnold TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11-3-51	25c. NAME OF CEMETERY OR CREMATORY Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. Nov 19 1951	REGISTRAR'S SIGNATURE Josie Z. Powell	26. FUNERAL DIRECTOR Eyrone B. Darnold Pocatello Id.	



NOV 27 1951

(1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

STATISTICS

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

309

510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 145¹/₂ Washington	
3. CHILD'S NAME (Type or Print) Daniel Scott Thomas			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 11 7 51
7. FATHER'S NAME a. (First) Robert b. (Middle) Eugene c. (Last) Thomas		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Munrovia, California	11a. USUAL OCCUPATION Boiler Operator	11b. KIND OF BUSINESS OR INDUSTRY Naval Ordnance Plant
12. MOTHER'S MAIDEN NAME a. (First) Geraldine b. (Middle) Adele c. (Last) Hall		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Detroit, Michigan	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Geraldine Thomas Mother			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 83 / ₁₀₀ OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11-9-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES 2.8 Mo. Gestation. 20b. MATERNAL CAUSES attacked w/ abortion and miscarriage beyond pregnancy period.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE J. F. Harrison, M.D.		23b. DATE SIGNED 11-9-51
	23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 11-7-51	25c. NAME OF CEMETERY OR CREMATORY San Mt. View	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. Nov. 26, 1951	REGISTRAR'S SIGNATURE Jessie Z. Powell	26. FUNERAL DIRECTOR Arthur Hall	ADDRESS 229 South Garfield

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(1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

STATISTICS

State of Idaho

State File No.

178

Local Reg. No. 324Reg. Dist. No. 5-10

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>144 Howard</u> <u>Box 208</u>	
3. CHILD'S NAME (Type or Print) <u>Mary Naomi Willes</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11</u> <u>13</u> <u>51</u>
7. FATHER'S NAME a. (First) <u>J.</u> b. (Middle) <u>Gordon</u> c. (Last) <u>Willes</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	11a. USUAL OCCUPATION <u>Carmen</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.P.R.R.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Naomi</u> c. (Last) <u>Dalton</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mary Naomi Willes</u> <u>mother</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>--</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u>.....</u> <u>Approximate date</u> <u>39.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Foetal Hydrops.</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:42 p.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>George C. Cox M.D.</u>	
23b. DATE SIGNED <u>11/23/51</u>		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho.</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Byron B. Howard</u>		23e. TITLE <u>Pocatello, Id.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-15-51</u>	25b. DATE <u>11-15-51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountainview</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec. 7, 1951</u>	REGISTRAR'S SIGNATURE <u>James Z. Powell</u>	26. FUNERAL DIRECTOR <u>Byron B. Howard</u>	

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DIVISION OF VITAL

State of Idaho

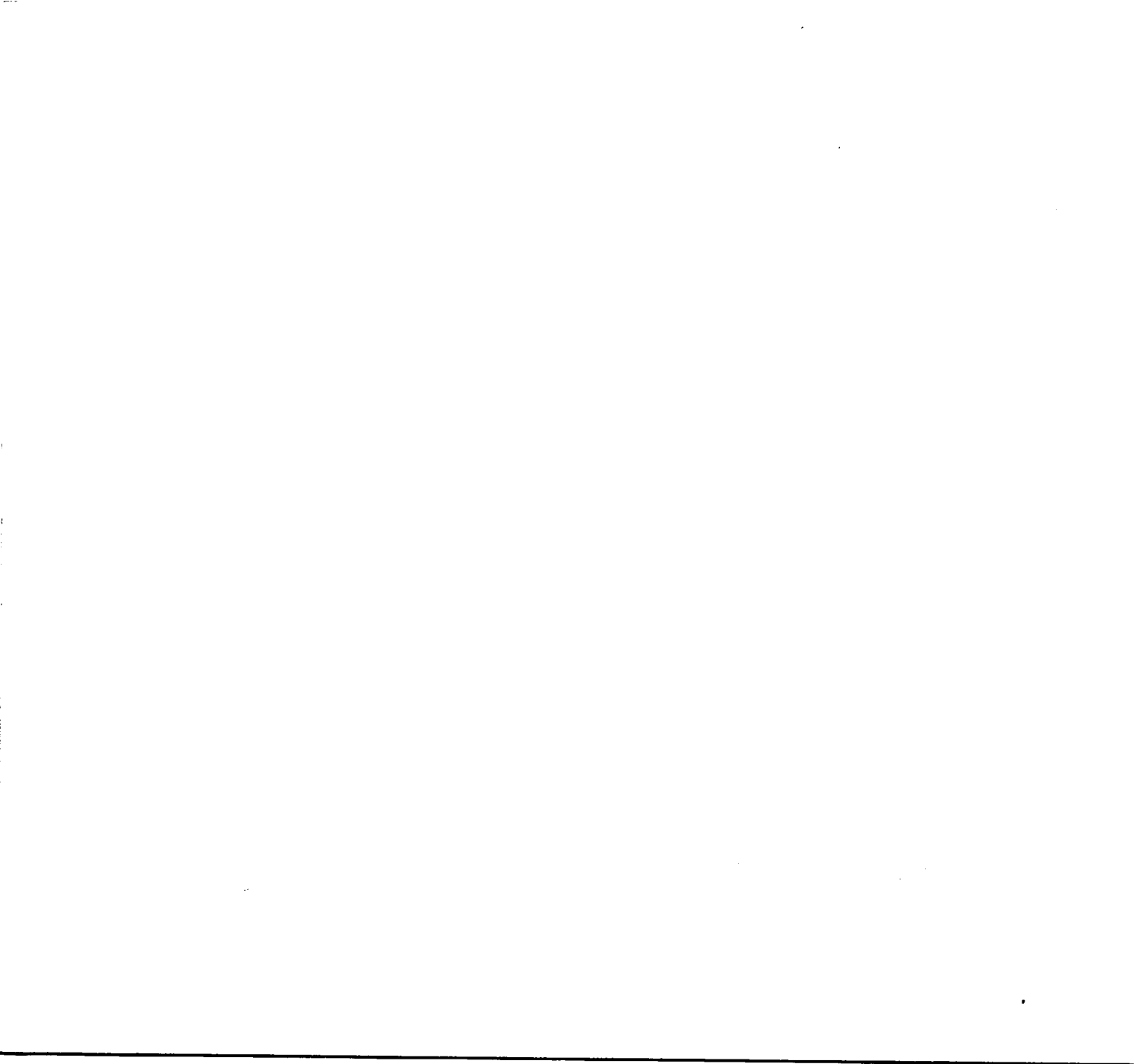
State File No. 179

Local Reg. No. 511

Reg. Dist. No. 321

CERTIFICATE OF STILLBIRTH

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downey	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If rural, give location) Downey, Idaho	
3. CHILD'S NAME (Type or Print) Gardon Larson Salvesson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 21, 1951
7. FATHER'S NAME a. (First) Gordon		b. (Middle) C. riddle	c. (Last) Salvesson
8. COLOR OR RACE White			
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Downey, Idaho	11a. USUAL OCCUPATION State Hi-way Dept. Patrol Driver	11b. KIND OF BUSINESS OR INDUSTRY Idaho State Employee
12. MOTHER'S MAIDEN NAME a. (First) Shirley		b. (Middle)	c. (Last) Larson
13. COLOR OR RACE White			
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT J. L. Roy Salvesson			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 4 LBS 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11-23-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Strangulation Cord around neck.		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:45 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Frank B. Hegstad M.D.	
23b. DATE SIGNED 11-23-51		24. SIGNATURE OF AUTHORIZED OFFICIAL Jessie L. Fairall	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal		25b. DATE 11-23-51	
25c. NAME OF CEMETERY OR CREMATORY Downey, Idaho		25d. LOCATION (City, town, or county) (State) Downey, Idaho	
DATE REC'D BY LOCAL REG. Nov. 23. 51		26. FUNERAL DIRECTOR'S ADDRESS Jessie L. Fairall Conway Street Pocatello, Idaho	



CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL **State of Idaho**

State File No.
Local Reg. No. 196
Reg. Dist. No. 6.2.2

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <u>Bingham</u>			a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot,</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot,</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1260 So. Shilling Ave.</u>		
3. CHILD'S NAME (Type or Print) <u>CHARLENE</u> <u>ROSE</u> <u>PARRISH</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 23, 1951</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Madison</u> c. (Last) <u>Parrish</u>			8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>37</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Noblesville, Indiana</u>		11a. USUAL OCCUPATION <u>Steam Fitter</u>	
				11b. KIND OF BUSINESS OR INDUSTRY <u>Bldg. Construction</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Pearl</u> b. (Middle) c. (Last) <u>Haforn</u>			13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>35</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Santa Clara, Utah</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
				a. How many children are now living? <u>4</u>	
				b. How many children were born alive but are now dead? <u>1</u>	
				c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Charles M. Parrish</u>					
18a. LENGTH OF PREGNANCY <u>9</u> WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1951</u> <u>Y36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES <u>Thrombosis of umbilical cord</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:09 a. m.</u>			23a. ATTENDANT'S SIGNATURE <u>Alb. Miller M.D.</u>		23b. DATE SIGNED <u>11-23-51</u>
			23c. ATTENDANT'S ADDRESS <u>Blackfoot, Ida.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John C. Sandberg</u>
			IF NOT attended by physician		TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>11-24-51</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Grove City Cemetery</u>	
				25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 24-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nadine E. Lammie</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>Blackfoot, Idaho</u>	

DEC 11 1951

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 262
Reg. Dist. No. 6-10

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY OR TOWN <u>Idaho Falls</u>		c. CITY OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.S.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1190 Ada Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Clapp</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 22, 1951</u>
7. FATHER'S NAME a. (First) <u>Alvin</u> b. (Middle) <u>L</u> c. (Last) <u>Clapp</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Colorado</u>	11a. USUAL OCCUPATION <u>Business Agent</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Laborer & Hard Carried Miner</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Bulah</u> b. (Middle) <u>Jane</u> c. (Last) <u>Schley</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Alvin L. Clapp</u>			
18a. LENGTH OF PREGNANCY <u>8 Mos</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Y38.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>anencephalic monster</u> 20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harvey A. Hatch M.D.</u>	
		23b. DATE SIGNED <u>November 26, 1951</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov. 26, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Iona Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Bonneville Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec. 3-1951</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. FUNERAL DIRECTOR <u>Ralph M. Hood</u>	ADDRESS <u>Idaho Falls</u>



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(1949 Revision of Standard Certificate)

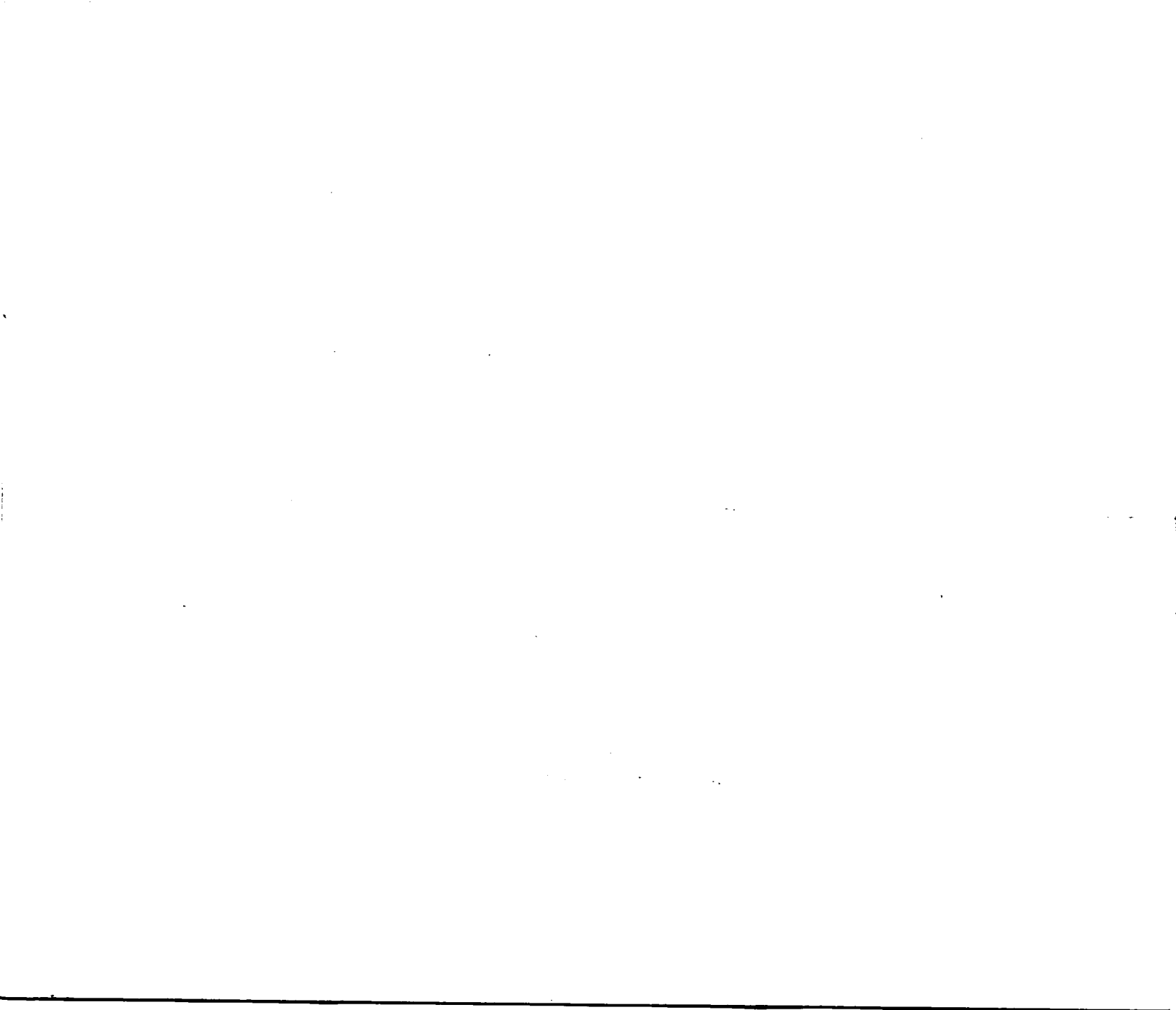
DIVISION OF VITAL
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 102

Local Reg. No. 266

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAME</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>795 Cleveland</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Davis</u> <u>Twin</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 25 - 1951</u>
7. FATHER'S NAME a. (First) <u>Alfred</u> b. (Middle) _____ c. (Last) <u>Davis</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pax, West Virginia</u>	11a. USUAL OCCUPATION <u>Jeweler</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Amas Jeweler</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>LUDENA</u> b. (Middle) _____ c. (Last) <u>NANCE</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>41</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ammon, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Ludena Davis</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH LBS. _____ OZS. _____	19. Was a standard serological test for syphilis performed? Yes _____ No _____ Approximate date <u>139.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Stillborn</u>		20a. FETAL CAUSES <u>Stillborn</u> 20b. MATERNAL CAUSES _____	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>G. P. Can</u> 23c. ATTENDANT'S ADDRESS _____ If NOT attended by physician _____	
23b. DATE SIGNED <u>12, 3, 57</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	25b. DATE <u>Nov 26, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Idaho Falls</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec. 11 - 1951</u>	REGISTRAR'S SIGNATURE <u>Anna Budger</u>	26. FUNERAL DIRECTOR ADDRESS <u>Leo A. Hicins</u> <u>Idaho Falls, Idaho</u>	



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(1949 Revision of Standard Certificate)

DEC 17 1951

CERTIFICATE OF STILLBIRTH

DIVISION OF VITALS

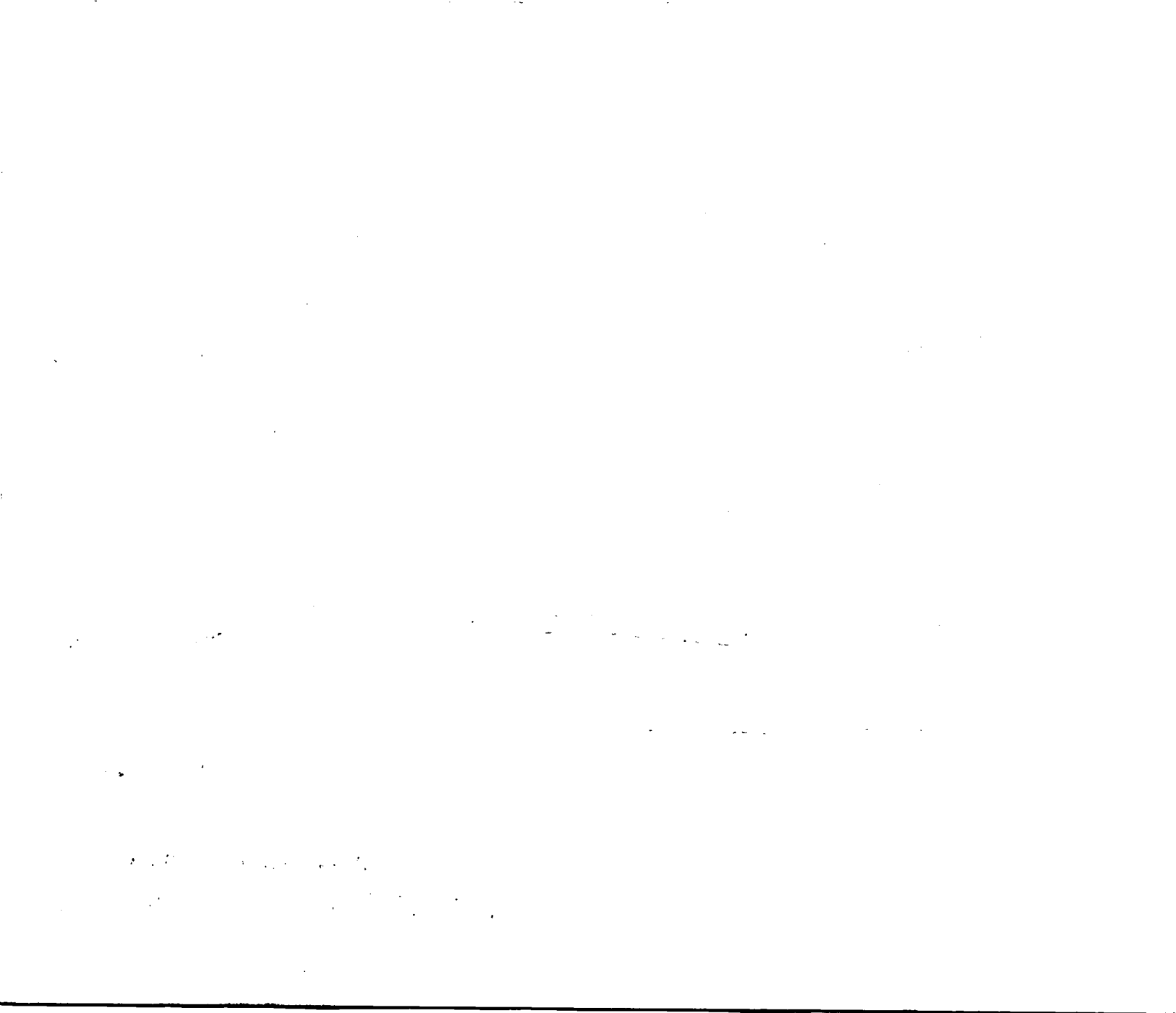
State of Idaho

State File No. 153

Local Reg. No. 267

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Donnerville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAME</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>795 Cleveland</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Davis - TWIN</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 25 - 1951</u>
7. FATHER'S NAME a. (First) <u>Alfred</u>		b. (Middle) _____	c. (Last) <u>Davis</u>
9. AGE (At time of this birth) <u>43</u> YEARS		8. COLOR OR RACE <u>White</u>	
10. BIRTHPLACE (State or foreign country) <u>Pax, West Virginia</u>		11a. USUAL OCCUPATION <u>JEWELER</u>	
		11b. KIND OF BUSINESS OR INDUSTRY <u>Ames Jewelry</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>LUDEMA</u>		b. (Middle) _____	c. (Last) <u>NANCE</u>
14. AGE (At time of this birth) <u>41</u> YEARS		13. COLOR OR RACE <u>White</u>	
15. BIRTHPLACE (State or foreign country) <u>Ammon, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Lu Dema Davis</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH LBS. _____ OZS. _____	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Premature rupture of membranes</u>		20a. FETAL CAUSES <u>Stillborn (Premature)</u>	
20b. MATERNAL CAUSES <u>39.5</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>B. Bain</u>	
		23b. DATE SIGNED <u>12.3.51</u>	
23c. ATTENDANT'S ADDRESS <u>Idaho Falls</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leo A. Williams</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Idaho Falls</u>		25b. DATE <u>Dec. 26 - 1951</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Idaho Falls</u>		25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 11 - 1951</u>		26. FUNERAL DIRECTOR ADDRESS <u>Idaho Falls Idaho</u>	



NOV 21 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 20

Reg. Dist. No. 3-6-2

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Nampa

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Samaritan Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Canyon

c. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Nampa

d. STREET
ADDRESS (If rural, give location)

608 Elder Street

3. CHILD'S NAME

((Type or Print))

Infant Son Coble

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Nov. 12, 1951

7. FATHER'S NAME

a. (First)

Warren

b. (Middle)

E

c. (Last)

Coble

8. COLOR OR RACE

White

9. AGE (At time of this birth)

25 YEARS

10. BIRTHPLACE (State or foreign country)

New Bridge, Oregon

11a. USUAL OCCUPATION

Carpenter

11b. KIND OF BUSINESS OR INDUSTRY

Self

12. MOTHER'S MAIDEN NAME

a. (First)

Violet

b. (Middle)

B

c. (Last)

Alexander

13. COLOR OR RACE

White

14. AGE (At time of this birth)

24 YEARS

15. BIRTHPLACE (State or foreign country)

Mitchell, So. Dak.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

1

17. INFORMANT

Warren E. Coble Nampa, Idaho

18a. LENGTH OF PREGNANCY

35 WEEKS

18b. WEIGHT AT BIRTH

4 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐

Approximate date May 1951

y 32.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

None.

20b. MATERNAL CAUSES

Pre eclampsia Toxemia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Toxemia

22. STATE ALL OPERATIONS FOR DELIVERY

Spont Delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:45 m.

23a. ATTENDANT'S SIGNATURE

Gerald E. Roche M.D.

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

11-15-51

23c. ATTENDANT'S ADDRESS

Nampa Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

11/14/51

25c. NAME OF CEMETERY OR CREMATORY

Kohlerlawn

25d. LOCATION (City, town, or county)

Nampa, Idaho

(State)

DATE REC'D BY LOCAL REG.

Nov 17, 1951

REGISTRAR'S SIGNATURE

Mr. James Smith

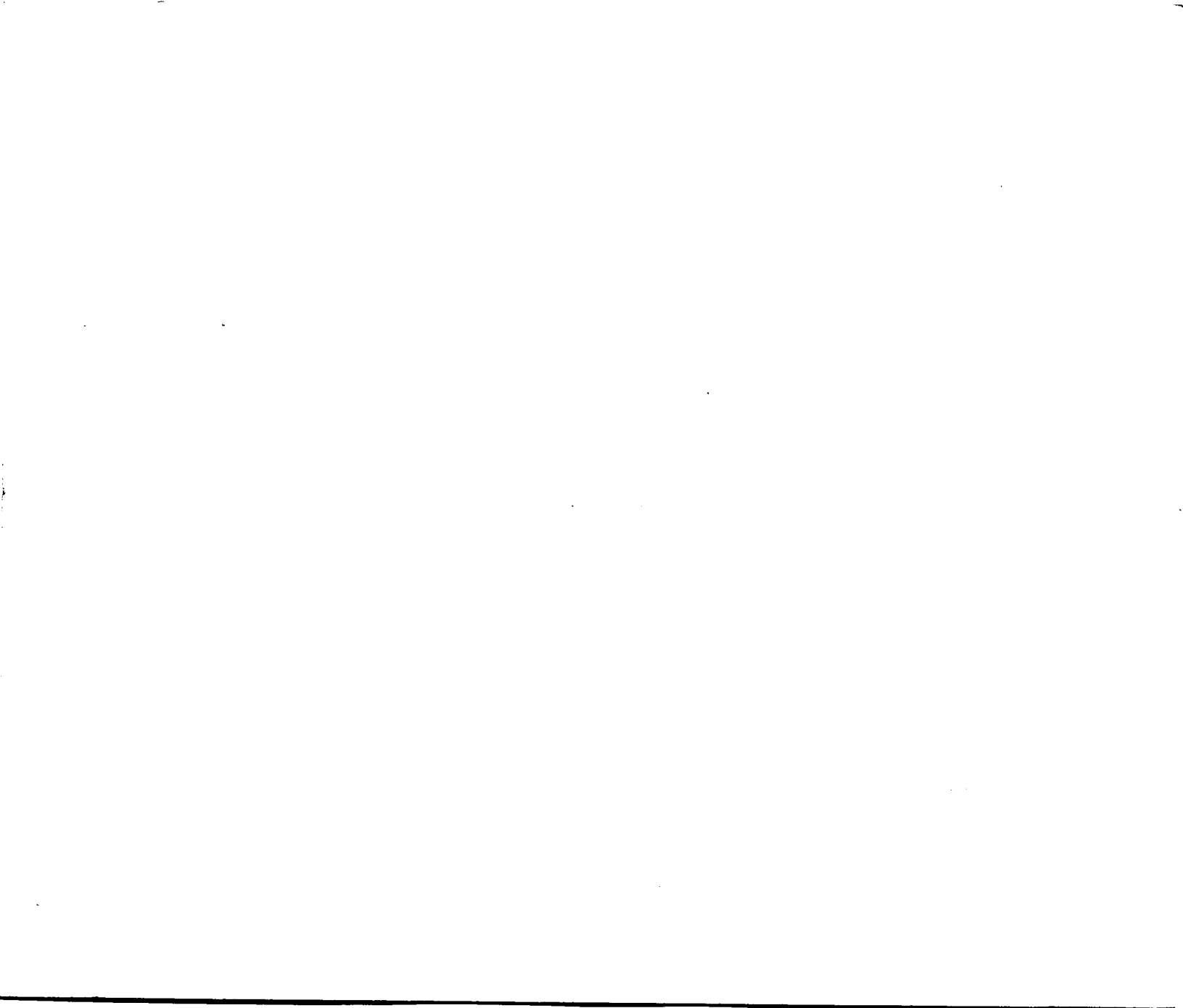
26. FUNERAL DIRECTOR

John F. Alsip

ADDRESS

Nampa, Ida.

Robinson-Alsip Funeral Chapel



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(1949 Revision of Standard Certificate)

DEC 10 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 5

Local Reg. No. 20

Reg. Dist. No. 36.2

DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 715 Chestnut Street	
3. CHILD'S NAME (Type or Print) Mary Farber			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 13, 1951.
7. FATHER'S NAME a. (First) Jack Russell b. (Middle) Farber c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Payette, Idaho	11a. USUAL OCCUPATION Physician	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Amelia b. (Middle) Bozich c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Chicago, Illinois	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT G.R. Farber M.D.			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 38.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity and achondroplastic dwarfism.	
		20b. MATERNAL CAUSES None.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY Prophylactic forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE W.B. Ross		23b. DATE SIGNED 11, 24/51
	23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Dec 5, 1951		26. FUNERAL DIRECTOR ADDRESS Robinson-Alsip Funeral Chapel	

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(1949 Revision of Standard Certificate)

1951 4 1951 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.

Local Reg. No. 21Reg. Dist. No. 313

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Carman</u>	a. STATE <u>Idaho</u>	b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Home</u>	d. STREET ADDRESS (If rural, give location)	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mickey Ship</u>			
3. CHILD'S NAME (Type or Print) <u>Ellen Fay Sharp</u>			
4. SEX <u>7</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11 29 51</u>
7. FATHER'S NAME	a. (First) <u>Hubert</u>	b. (Middle) <u>Lawrence</u>	c. (Last) <u>Sharp</u>
8. COLOR OR RACE <u>W</u>	9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11a. USUAL OCCUPATION <u>US Air Force</u>
11b. KIND OF BUSINESS OR INDUSTRY	12. MOTHER'S MAIDEN NAME	a. (First) <u>Phyllis</u>	b. (Middle) <u>Jean</u>
13. COLOR OR RACE <u>W</u>	14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Phyllis Jean Hahs - Mother</u>			
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>7 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>June 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Short Ligat Cord about Neck.</u>	
20b. MATERNAL CAUSES <u>Jaundice and Hepatitis - 1 month, Toxic and Vomiting</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cord Ligat About Neck.</u>	
22. STATE ALL OPERATIONS FOR DELIVERY <u>Left lateral Episiotomy, Law Forceps.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Clara Hastings MD</u>	
23b. DATE SIGNED <u>12-1-51</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE RECD BY LOCAL REG. <u>Dec 11, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Jean Ship</u>	
26. FUNERAL DIRECTOR		ADDRESS	

20 1951 CERTIFICATE OF STILLBIRTH
OF VITAL STATISTICS
State of Idaho

State File No.

Local Reg. No. 482

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>424 West 19th Street</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Harpster</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 27, 1951</u>
7. FATHER'S NAME a. (First) <u>Harry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Harpster Jr.</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Burley, Idaho</u>	11a. USUAL OCCUPATION <u>Baker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Beverley</u> b. (Middle) <u>Maxwell</u> c. (Last) <u>Maxwell</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Salt Lake City, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>	
17. INFORMANT <u>Harry Harpster Jr.</u>			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>36.5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Placental infarcts</u>		20a. FETAL CAUSES <u>Placental infarcts</u> 20b. MATERNAL CAUSES <u>None.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Thrombophlebitis Left. Leg.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James M. Bricker M.D.</u> 23b. DATE SIGNED <u>Dec 6, 1951</u> 23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Garth Payne, Burley</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>Nov. 27, 51</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cottage Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-13-51</u>	REGISTRAR'S SIGNATURE <u>B. A. Wilson</u>	26. FUNERAL DIRECTOR <u>J. Garth Payne, Burley</u> ADDRESS	

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JUN 27 1951
DIVISION OF VITAL CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.

Local Reg. No. 22

Reg. Dist. No. 240-341

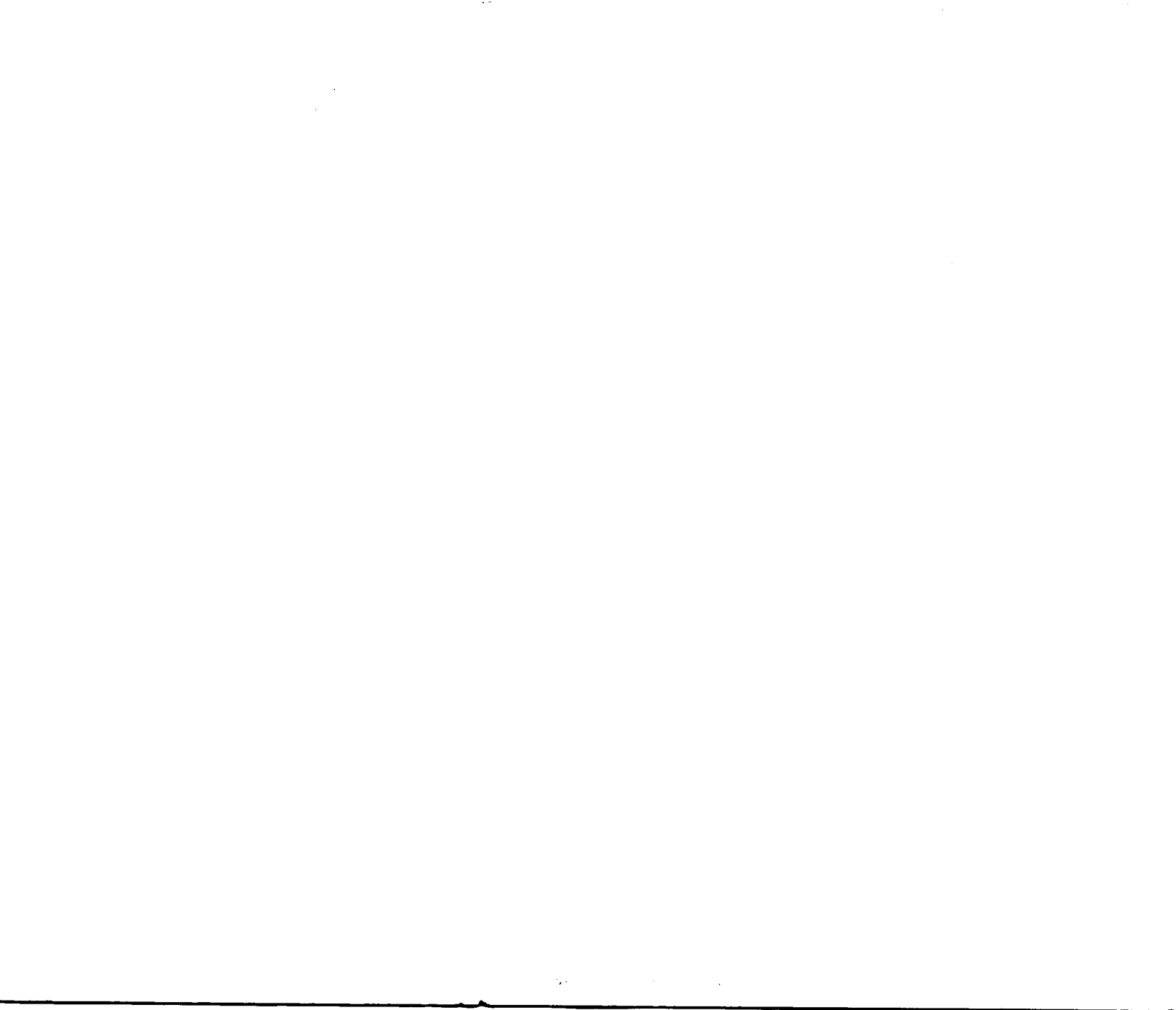
1. PLACE OF STILLBIRTH a. COUNTY <u>GEM</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY OR TOWN <u>EMMETT</u>		c. CITY OR TOWN <u>Emmett</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARY SECOR Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Mounted Route</u>	
3. CHILD'S NAME (Type or Print) <u>BABY CRITES</u>			
4. SEX <u>7</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-9-51</u>
7. FATHER'S NAME a. (First) <u>Vernon</u> b. (Middle) <u>C.</u> c. (Last) <u>Crites</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Walker, Mo.</u>	11a. USUAL OCCUPATION <u>Butcher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Butcher</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mona</u> b. (Middle) <u>Lee</u> c. (Last) <u>Allen</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Emmett</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>	
17. INFORMANT <u>Mona Lee Crites</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH <u>1 LBS. 12 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>patient seen for first time at 7/39/6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>unknown (Cause undetermined)</u>		
	20b. MATERNAL CAUSES <u>unknown (cause undetermined)</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Unoperated</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Ronald F. Lawrence</u>		23b. DATE SIGNED <u>11/14/51</u>
	23c. ATTENDANT'S ADDRESS <u>Emmett</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>Nov-12-1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>RIVERSIDE</u>	25d. LOCATION (City, town, or county) (State) <u>EMMETT, IDAHO</u>
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Paul L. Beatty</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>BEATTY CHAPEL, EMMETT, IDA.</u>	

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DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
OF VITAL State of IdahoState File No.
Local Reg. No. 29
Reg. Dist. No. 640

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Jefferson		a. STATE Idaho	b. COUNTY Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	Rigby
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hendricks Mat. Hosp.		d. STREET ADDRESS (If rural, give location) Route #2	
3. CHILD'S NAME (Type or Print) BABY LUNDQUIST			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 5, 1951
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Blaine	b. (Middle) R.	c. (Last) Lundquist	White
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Rigby, Idaho	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY General
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Edith	b. (Middle) Joan	c. (Last) Madsen	White
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Rigby, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? none	b. How many children were born alive but are now dead? none
17. INFORMANT Blaine R. Lundquist		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Choked Cord -	
		20b. MATERNAL CAUSES Diabetes Mellitus	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY Low Forceps & episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Edson Tall, M.D.	
23b. DATE SIGNED 11/6/51		23c. ATTENDANT'S ADDRESS Rigby, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL A. Beckhusell		TITLE Rigby, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 11-6-51	25c. NAME OF CEMETERY OR CREMATORY Pioneer	25d. LOCATION (City, town, or county) (State) Rigby, Idaho
DATE REC'D BY LOCAL REG. 11-7-51	REGISTRAR'S SIGNATURE Mrs A. Beckhusell	26. FUNERAL DIRECTOR A. Beckhusell	



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(1949 Revision of Standard Certificate)

DEC 13 1951

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. _____

Local Reg. No. 127Reg. Dist. No. 200

DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Latah		a. STATE Wash.	b. COUNTY Whitman
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOSCOW		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palouse	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gritman Memorial		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Linda Sue Styer			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 16, 1951
7. FATHER'S NAME Robert Lloyd Styer	a. (First)	b. (Middle)	c. (Last)
8. COLOR OR RACE White			
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Colone S. D.	11a. USUAL OCCUPATION Service Station Op.	11b. KIND OF BUSINESS OR INDUSTRY Service Station
12. MOTHER'S MAIDEN NAME Dorothy Ardean Sowl	a. (First)	b. (Middle)	c. (Last)
13. COLOR OR RACE White			
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Neb.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? One	b. How many children were born alive but are now dead? None
17. INFORMANT Robert L. Styer		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May, 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placenta abruptio	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) E. G. Klappert MD	
23b. DATE SIGNED 11-21-51		23c. ATTENDANT'S ADDRESS Moscow Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Palouse		TITLE Palouse, Washington	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11-19-51	25c. NAME OF CEMETERY OR CREMATORY Palouse Cemetery	25d. LOCATION (City, town, or county) (State) Palouse, Washington
DATE REC'D BY LOCAL REG. 11/29/51	REGISTRAR'S SIGNATURE Saint Angel	26. FUNERAL DIRECTOR Palouse Wash.	ADDRESS

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(1949 Revision of Standard Certificate)

DEC 10 1951

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No. 101

Local Reg. No. 224

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Hez Perce		a. STATE Idaho	b. COUNTY Hez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston Orchards	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If rural, give location) 1220 - Powers	
3. CHILD'S NAME (Type or Print) Baby Donald Lorraine Wolfe			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 11 - 21 - 51
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Ferman	b. (Middle)	c. (Last) Wolf	white
9. AGE (At time of this birth) 52 YEARS	10. BIRTHPLACE (State or foreign country) Yellville, Arkansas	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Helen	b. (Middle)	c. (Last) Swanson	white
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Spokane, Wash	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 10	b. How many children were born alive but are now dead? 0
17. INFORMANT Ferman Wolf		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug. 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None apparent	
		20b. MATERNAL CAUSES Probable inadequate hormonal activity	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) D. M. Muehling M. D.	
23b. DATE SIGNED 11-30-51		23c. ATTENDANT'S ADDRESS	
		If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 11-24-51	
25c. NAME OF CEMETERY OR CREMATORY Hornal Hill		25d. LOCATION (City, town, or county) (State) Lewiston, Idaho	
DATE REC'D BY LOCAL REG Nov. 30, 1951		26. FUNERAL DIRECTOR Vincent V. Vasser Lewiston, Idaho	

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(1949 Revision of Standard Certificate)

State File No. 102

Local Reg. No. 225

Reg. Dist. No. 220

1951 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

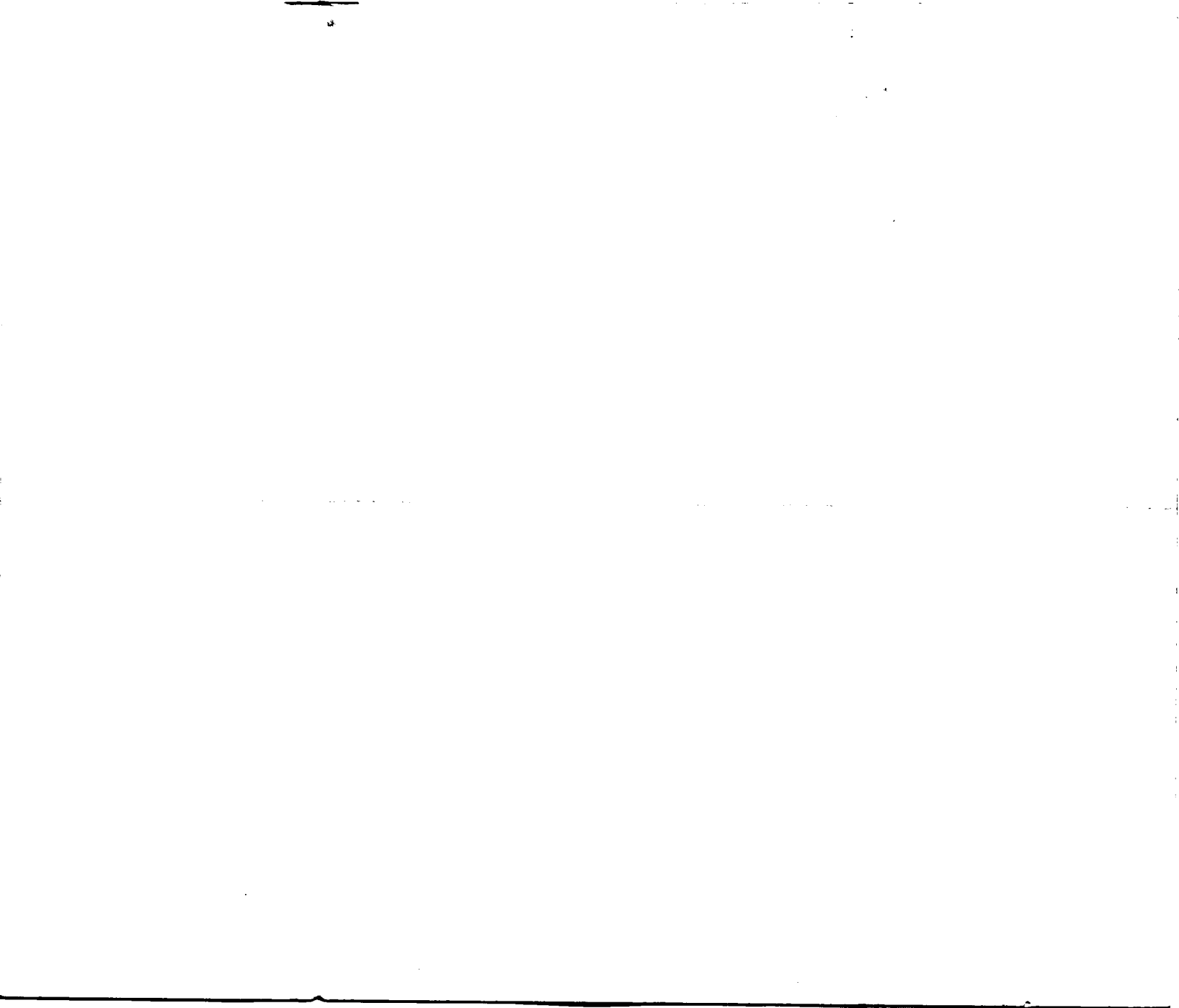
1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	May Peru	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township)	Lewiston	b. COUNTY	May Peru
c. FULL NAME OF HOSPITAL OR INSTITUTION	St Joseph's	c. CITY (If outside corporate limits, write RURAL and give township)	Lewiston
3. CHILD'S NAME		d. STREET ADDRESS (If rural, give location)	
NITA TAYLOR		925-8th ave.	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Nov 22 1951
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Ora		b. (Middle) E	
c. (Last) Taylor		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
25 YEARS	North Dakota	area farm	C. P. R. R.
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Nita		b. (Middle) L.	
c. (Last) Russell		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17 YEARS	Lewiston	a. How many children are now living? none	
17. INFORMANT		b. How many children were born alive but are now dead? no	
Ora E Taylor		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? no	
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No.....	
WEEKS	LBS. OZS.	Approximate date	
CAUSE OF STILLBIRTH		20a. FETAL CAUSES	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES	
		Premature placental separation.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other)	
		A. J. White, M.D.	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED	
		11-23-51	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Nov 23-51	Normal Hill	Lewiston Idaho.
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR ADDRESS	
Nov. 30, 1951		Jean Hagelins Andrew H. Vassar Lewiston, Ida.	

MAR 11 1968

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NOV 20 1951
1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 100
Local Reg. No. 13
Reg. Dist. No. 44.0

1. PLACE OF STILLBIRTH a. COUNTY <i>Idaho</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Idaho</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Idaho Falls</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Box 333</i> <i>Idaho Falls</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>(Idaho) Magic Valley</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Carolyn June Anderson</i>			
4. SEX <i>Fe</i>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>11-12-51</i>
7. FATHER'S NAME a. (First) <i>Art</i> b. (Middle) <i>Anderson</i> c. (Last) <i>Anderson</i>		8. COLOR OR RACE <i>white</i>	
9. AGE (At time of this birth) <i>22</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>North Dakota</i>	11a. USUAL OCCUPATION <i>Custom Farming</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Low</i> b. (Middle) <i>Marie</i> c. (Last) <i>Smith</i>		13. COLOR OR RACE <i>white</i>	
14. AGE (At time of this birth) <i>18</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Arkansas</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>0</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Art Anderson</i>			
18a. LENGTH OF PREGNANCY <i>39</i> WEEKS	18b. WEIGHT AT BIRTH <i>6</i> LBS. <i>4</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>11/15/51</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Cerebral Anemia</i>	
		20b. MATERNAL CAUSES <i>Uterine Infection (Ovarian distention uterus)</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Twin Pregnancy with larger twins</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Mid forceps delivery from L.O.P. to L.O.R.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>9:15 p.m.</i>		23a. ATTENDANT'S SIGNATURE <i>Donald Anderson M.D.</i>	23b. DATE SIGNED <i>11/13/51</i>
23c. ATTENDANT'S ADDRESS <i>Filer - Idaho</i>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>James C. Reynolds</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>11/15/51</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Idaho Falls</i>	25d. LOCATION (City, town, or county) (State) <i>Idaho Falls, Idaho</i>
DATE REC'D BY LOCAL REG. <i>1-15-51</i>	REGISTRAR'S SIGNATURE <i>Donna</i>		



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No.
 Local Reg. No. 443
 Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Elmore</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Home</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
3. CHILD'S NAME ((Type or Print)) <u>PAMELA HALL</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec. 3, 1951</u>
7. FATHER'S NAME a. (First) <u>PERCE</u> b. (Middle) <u>E.</u> c. (Last) <u>HALL</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Hiram Utah</u>	11a. USUAL OCCUPATION <u>Lawyer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Practice</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>ORPHA</u> b. (Middle) c. (Last) <u>Harris</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Malden Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Tena Hall Mt. Home Idaho</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>6/8/51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Toxemia</u> <u>Premature separation w/ Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>L. J. Kesser M.D.</u> 23b. DATE SIGNED <u>12/21/51</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 4, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Mountain Home Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-26-51</u>	26. FUNERAL DIRECTOR <u>Myrtle Palmer</u> ADDRESS <u>215 E. Bay Mountain Home Idaho</u>		

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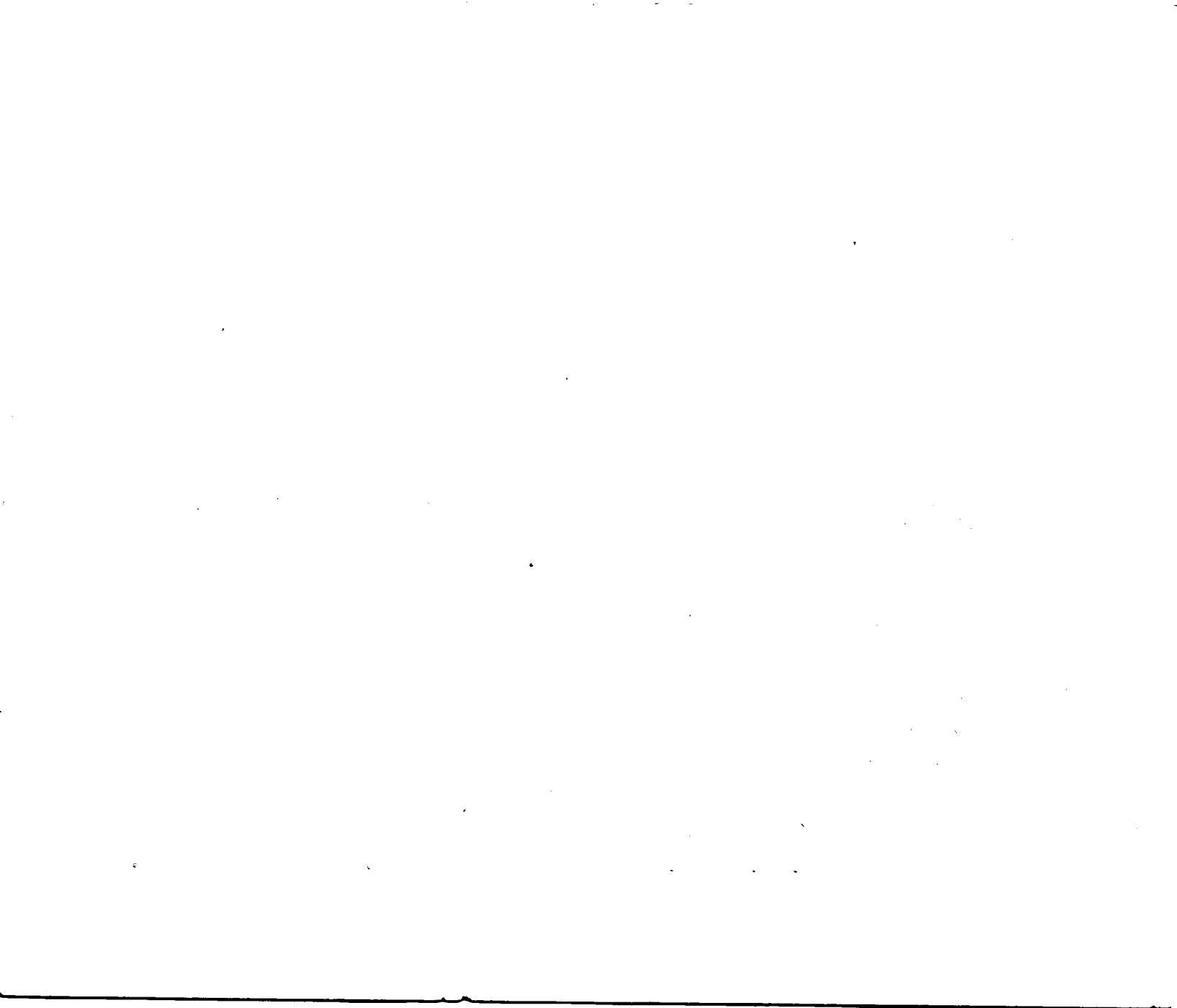
DEC 1 1951
DIVISION OF VITAL
State of Idaho
CERTIFICATE OF STILLBIRTH

State File No. 195

Local Reg. No. 432

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Boise		c. CITY OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1702 Longmont St	
3. CHILD'S NAME (Type or Print) Ronald Harshman			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 6 1951
7. FATHER'S NAME a. (First) Herman b. (Middle) H. c. (Last) Harshman		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Parma Idaho	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Martha b. (Middle) J c. (Last) Van Horn		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Herman & Harshman Boise Ida.			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1957 y 39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Undetermined.	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Median Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE J. J. McCann (Specify if M. D., midwife, or other)	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED 12-7-51	
		If NOT attended by physician	
		24. SIGNATURE OF AUTHORIZED OFFICIAL J. J. McCann TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 8, 1951	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho.
DATE REC'D BY LOCAL REG. 12-12-51	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson. Boise Idaho	



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DEC 29 1951 CERTIFICATE OF STILLBIRTH

State of Idaho

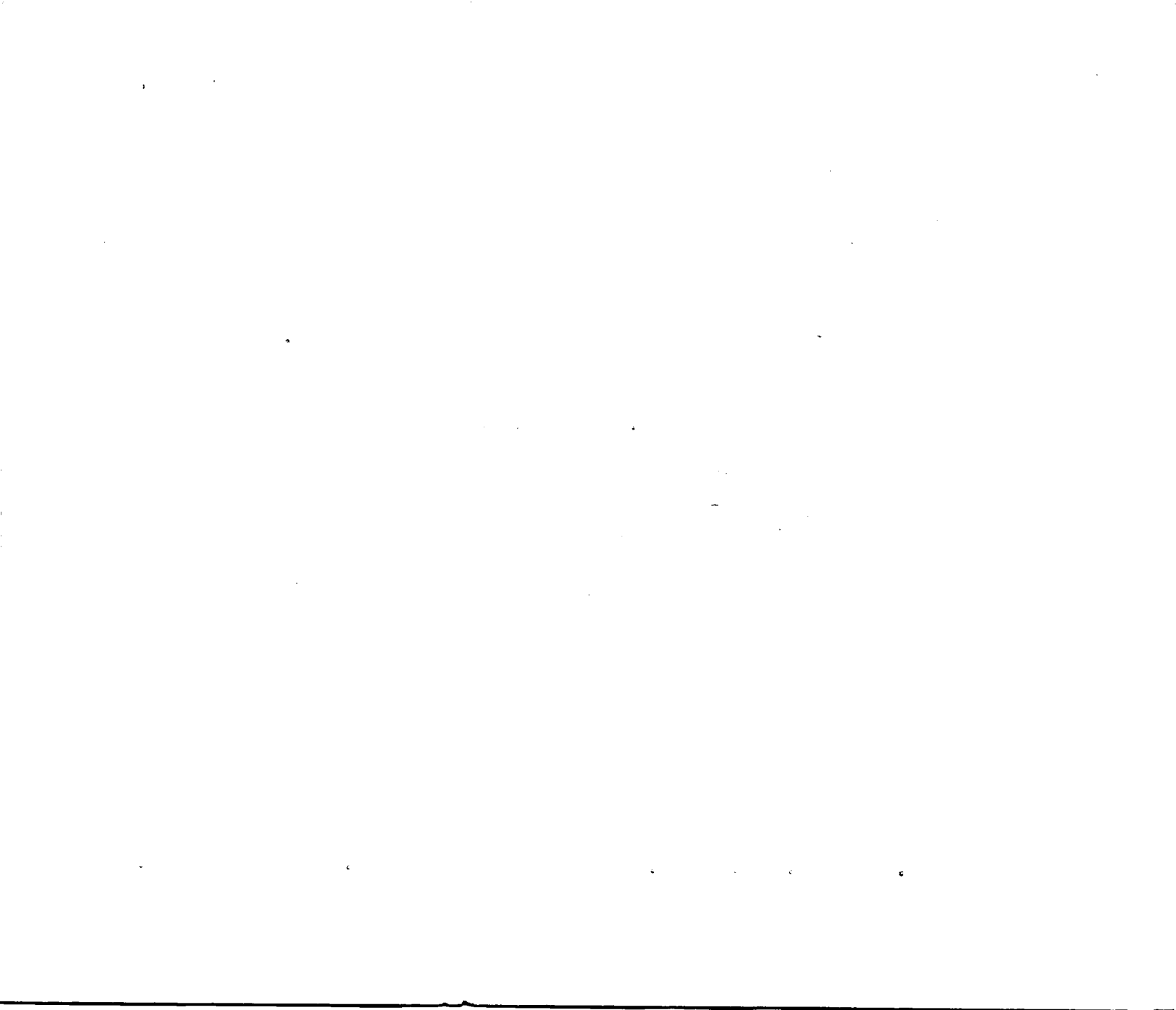
State File No. 105

Local Reg. No. 444

Reg. Dist. No. 370

DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonse		d. STREET ADDRESS (If rural, give location) 1122 Franklin	
3. CHILD'S NAME (Type or Print) Infant Sublet			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 8 1951
7. FATHER'S NAME a. (First) Bobby b. (Middle) Joe c. (Last) Sublet		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Emory Gap Tenn.	11a. USUAL OCCUPATION U. S. Air Force	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Elizabeth b. (Middle) (none) c. (Last) Widman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Darmstadt-Eberstadt Germany	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Bobby J. Sublet			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 8/1/51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES unknown	
		20b. MATERNAL CAUSES none found	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR occasional nausea		22. STATE ALL OPERATIONS FOR DELIVERY Brach Extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) H. F. Heiser M.D.	
23c. ATTENDANT'S ADDRESS Boise Ida		23b. DATE SIGNED 12/12/51	
		24. SIGNATURE OF AUTHORIZED OFFICIAL Daniel R. Gibson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 17. 1951.	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery.	25d. LOCATION (City, town, or county) (State) Boise, Idaho.
DATE REC'D BY LOCAL REG. 12-26-51	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS Schreiber-McGann-Gibson-Boise	



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DEC 13 1951

DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107

Local Reg. No. 1

Reg. Dist. No. 300

1. PLACE OF STILLBIRTH

a. COUNTY

Adams

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Council

c. FULL NAME OF
HOSPITAL OR
INSTITUTION

Council Community Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Idaho

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Riggins

d. STREET
ADDRESS (If rural, give location)

3. CHILD'S NAME

(Type or Print)

Mildred

Ellen

Hall

INFANT

DAUGHTER

HALL

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐6. DATE OF STILLBIRTH (Month) (Day) (Year)
12- 3- 19517. FATHER'S
NAME

a. (First)

Roy

b. (Middle)

F.

c. (Last)

Hall

8. COLOR OR RACE

White

9. AGE (At time of this birth)

45

YEARS

10. BIRTHPLACE (State or foreign country)

Salem, Ind.

11a. USUAL OCCUPATION

Farming

11b. KIND OF BUSINESS OR INDUSTRY

Circle "C" Ranch

12. MOTHER'S
MAIDEN
NAME

a. (First)

Lela

b. (Middle)

Campbell

c. (Last)

13. COLOR OR RACE

White

14. AGE (At time of this birth)

34

YEARS

15. BIRTHPLACE (State or foreign country)

Council, Idaho

17. INFORMANT

X Roy F. Hall

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children
are now living?

8

b. How many children were
born alive but are now dead?

720

c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?18a. LENGTH OF PREG-
NANCY

36 WEEKS

18b. WEIGHT AT BIRTH

10 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes...X No...
Approximate date May 17, 1951 y39.2CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Detrusus Gravis neonatorum

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Rh negative mother

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at 12:55 p. m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

J. Edwards

23b. DATE SIGNED

12-6-51

23c. ATTENDANT'S ADDRESS

Council Idaho

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

25b. DATE

12-3-51

25c. NAME OF CEMETERY OR CREMATORY

Riggins

25d. LOCATION (City, town, or county)

Riggins, Idaho

(State)

DATE REC'D BY LOCAL
REG.

12-3-51

REGISTRAR'S SIGNATURE

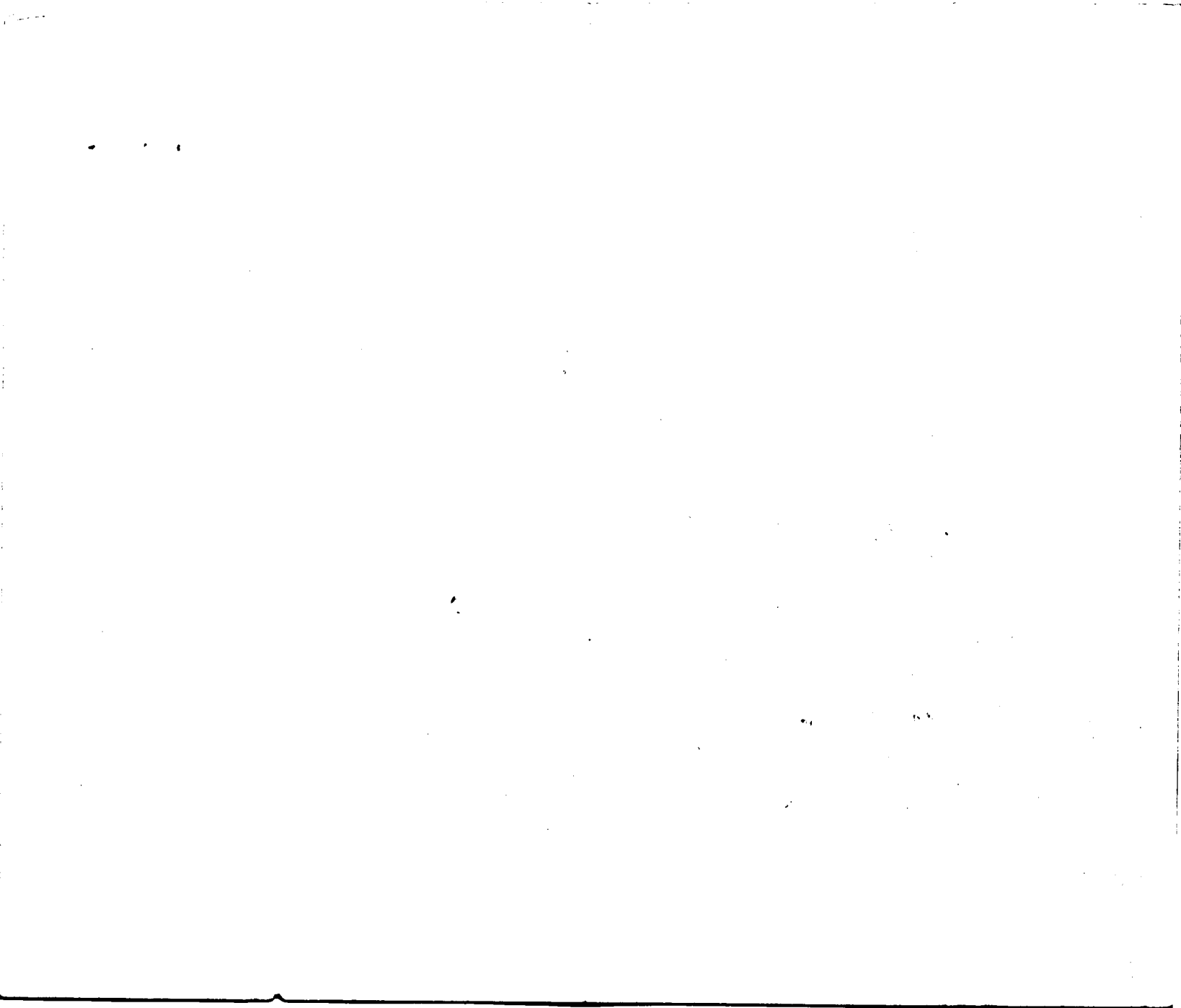
J. Edwards

26. FUNERAL DIRECTOR

G. Lee Thompson

ADDRESS

Weiner, Ida.



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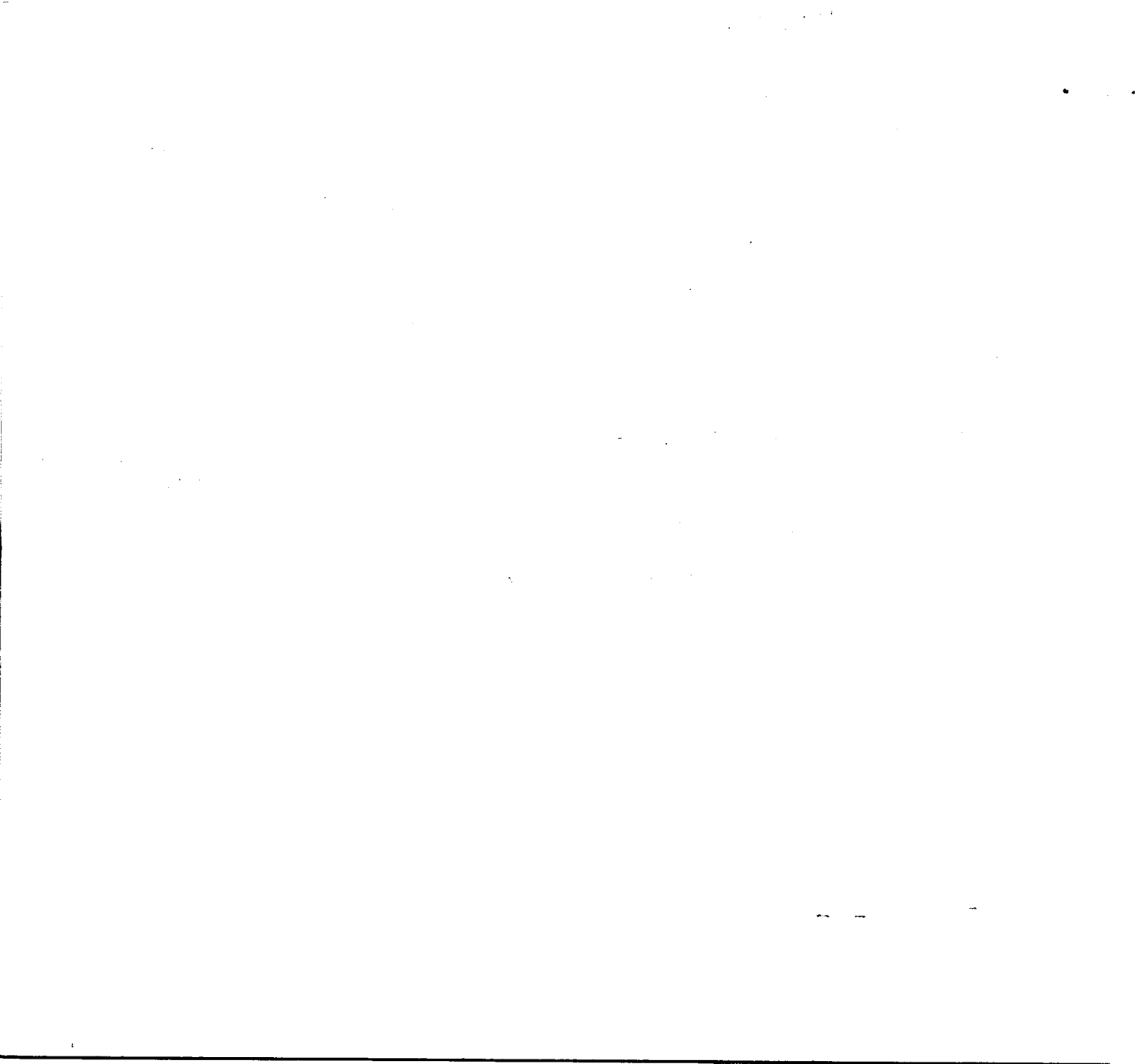
1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS State of Idaho

State File No. 198

Local Reg. No. 511

Reg. Dist. No. 5

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lava Hot Springs	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial		d. STREET ADDRESS (If rural, give location) Box 206	
3. CHILD'S NAME (Type or Print) Baby Girl Hall			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 19 1951
7. FATHER'S NAME a. (First) Terrell b. (Middle) Albert c. (Last) Hall		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Lava Hot Springs, Idaho	11a. USUAL OCCUPATION Cashier	11b. KIND OF BUSINESS OR INDUSTRY Lava Hot Springs State Bank
12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) June c. (Last) Moore		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Helen Hall Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7 34.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prolonged labor,	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolonged, difficult labor		22. STATE ALL OPERATIONS FOR DELIVERY antel forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John R. Murnahan	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL John R. Murnahan		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12-22-51	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. Jan. 9, 1952	REGISTRAR'S SIGNATURE Jessie Z. Powell	26. FUNERAL DIRECTOR Arthur W. Hall ADDRESS Hall Mortuary Pocatello, Idaho	

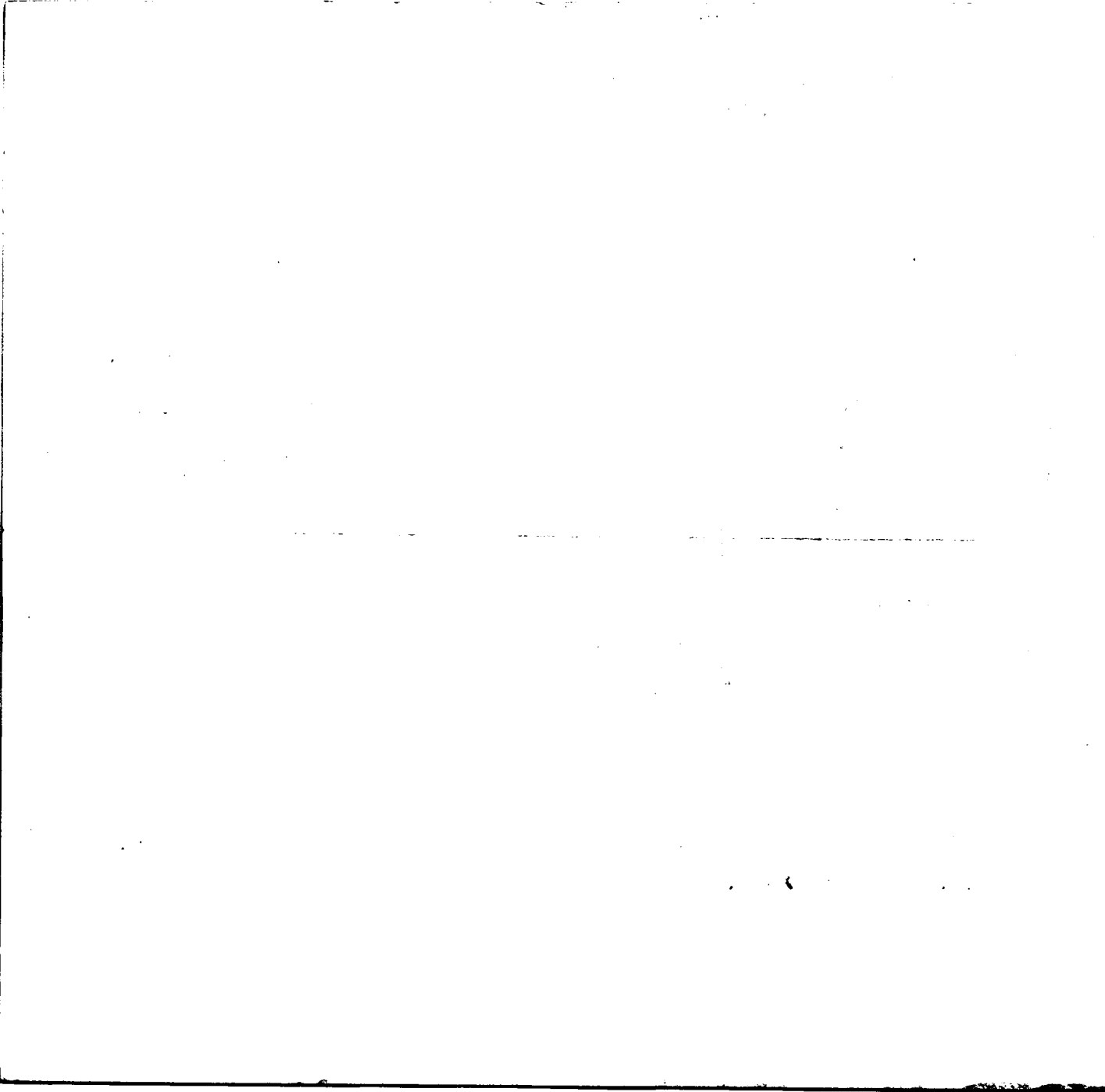


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STATE OF IDAHO
DIVISION OF VITALS
STATE OF IDAHO

State File No. 199
Local Reg. No. 510
Reg. Dist. No. 4

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 416 South 9th.	
3. CHILD'S NAME (Type or Print) Gary Banning			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 12 19 51
7. FATHER'S NAME a. (First) Robert b. (Middle) Clair c. (Last) Banning		8. COLOR OR RACE white	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Creston, Iowa	11a. USUAL OCCUPATION Real Estate Salesman	11b. KIND OF BUSINESS OR INDUSTRY Town & Country Realty
12. MOTHER'S MAIDEN NAME a. (First) Ethel b. (Middle) Mae c. (Last) Compton		13. COLOR OR RACE white	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Nampa, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Robert C. Banning father			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES not known	
		20b. MATERNAL CAUSES not known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:58 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Ralph B. Hegsted M.D.	
23b. ATTENDANT'S ADDRESS Pocatello, Idaho		23b. DATE SIGNED 12-21-51	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 12-21-51	
25c. NAME OF CEMETERY OR CREMATORY Mountainview		25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REG. Jan. 4, 1952		26. FUNERAL DIRECTOR ADDRESS Byron B. Brown	



RECEIVED

JUL 7 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

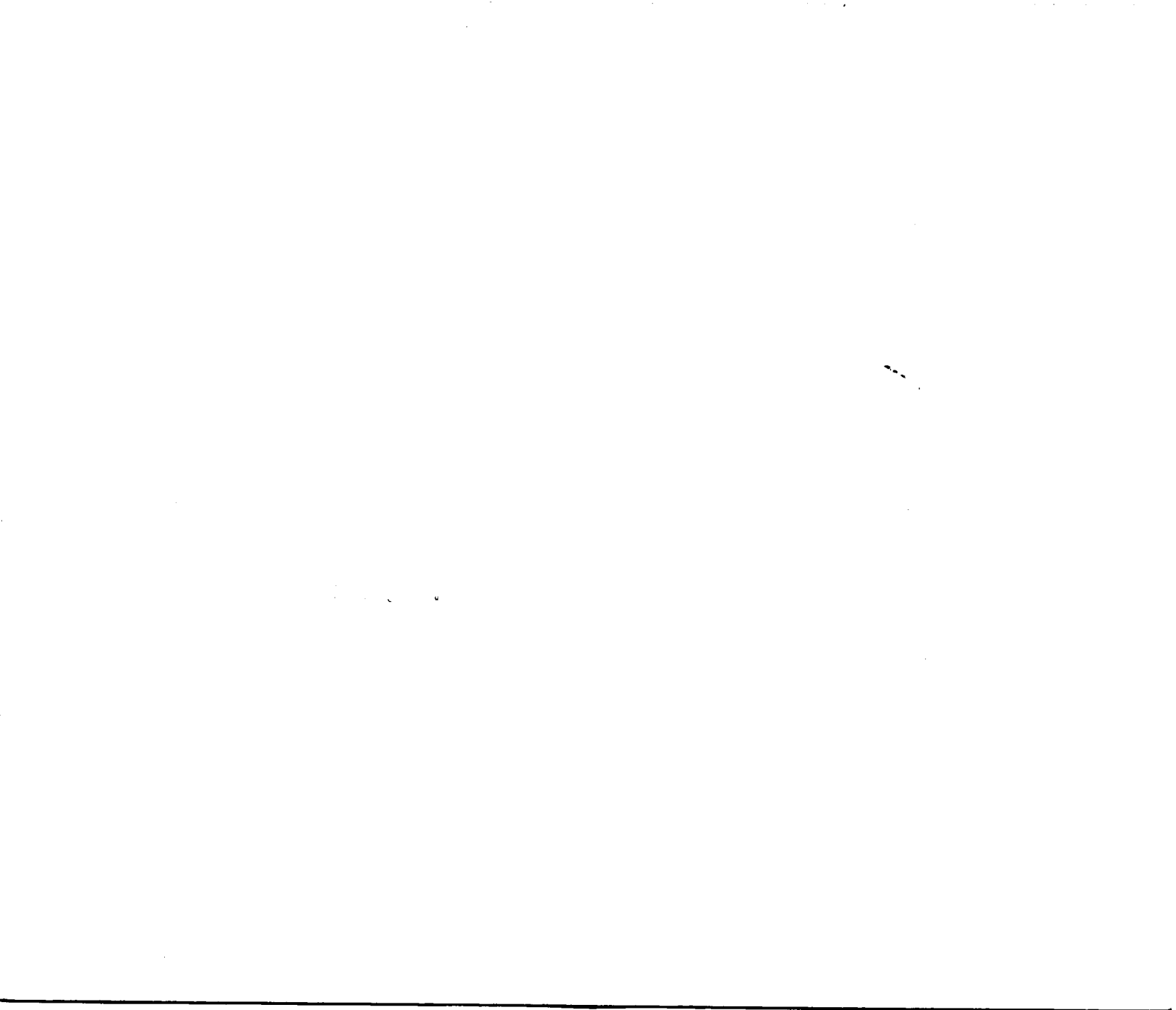
State File No. 200

Local Reg. No. 51

Reg. Dist. No. 410

DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH a. COUNTY BLAINE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY BLAINE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HAILEY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLEVUE	
c. FULL NAME OF HOSPITAL OR INSTITUTION HAILEY CLINICAL		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) JACKIE FENDER			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 12-3-51
7. FATHER'S NAME a. (First) FRED b. (Middle) EARL c. (Last) FENDER		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 18 YEARS	10. BIRTHPLACE (State or foreign country) PUTMAN, OKLA.	11a. USUAL OCCUPATION H.S. SENIOR,	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) CAROLE b. (Middle) A. c. (Last) REYNOLDS,		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) MACKAY IDAHO	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT Fred Fender Bellevue, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 27, 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Strangulation cord		20a. FETAL CAUSES	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) E. W. Fox M.D.	
23b. DATE SIGNED 12/5/51		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		23e. TITLE	
24. BURIAL CREMATION, REMOVAL (Specify)	25a. DATE 12-3-51	25b. NAME OF CEMETERY OR CREMATORY KETCHUM	25c. LOCATION (City, town, or county) (State) KETCHUM IDAHO
26. DATE REC'D BY LOCAL REG. Dec-10-1951	27. REGISTRAR'S SIGNATURE Robert H. Wright per	28. FUNERAL DIRECTOR Wayne Goldrick	29. ADDRESS Hailey, Id.

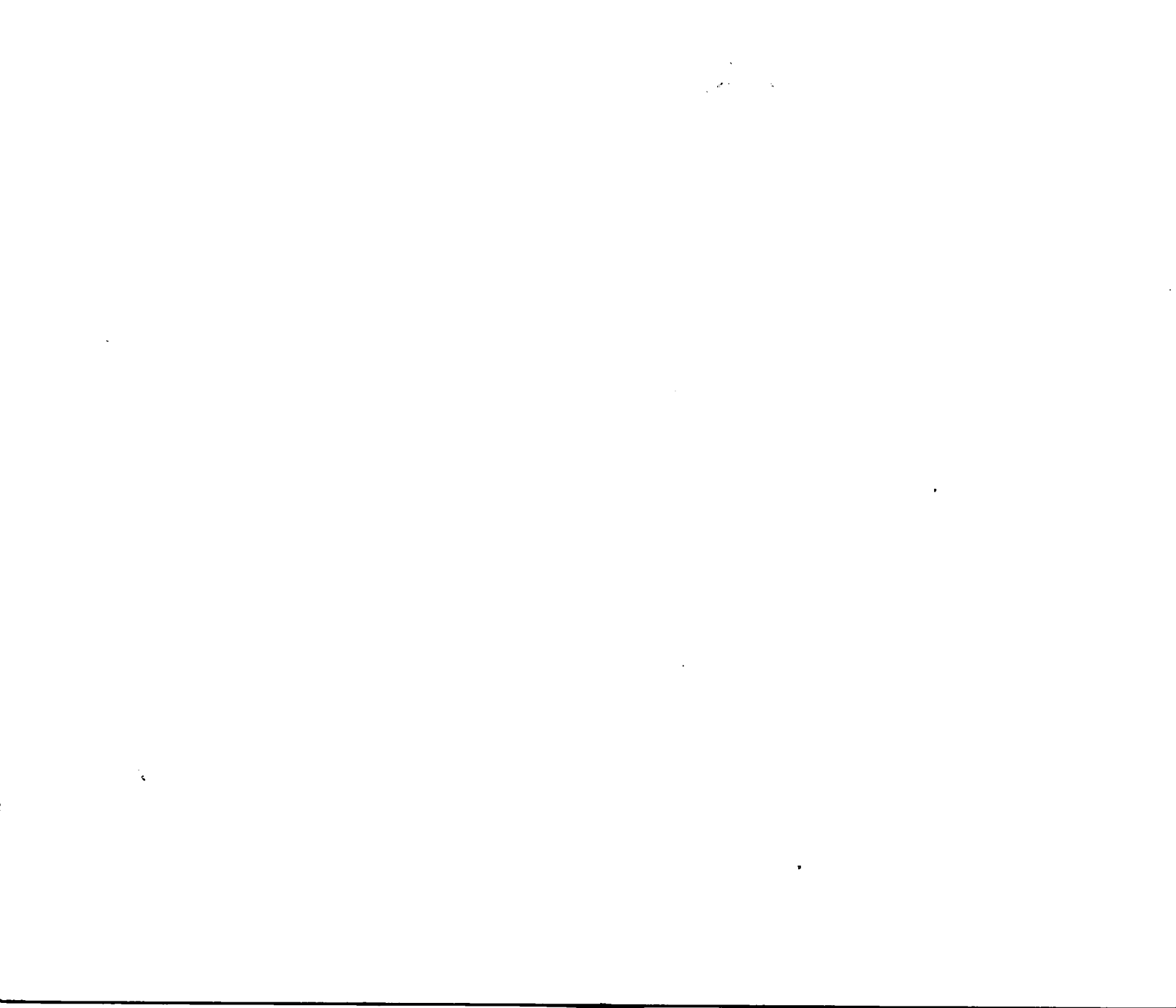


DEC 11 1951

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 258
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Gerrard</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 1, 1951</u>
7. FATHER'S NAME a. (First) <u>Blaine</u> b. (Middle) <u>H</u> c. (Last) <u>Gerrard</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Route Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Vivian</u> b. (Middle) <u>Leona</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Blaine H. Gerrard</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 30.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u> 20b. MATERNAL CAUSES <u>Severe diabetes</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Rt and m d</u>	
		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 4, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Ucon Cemetery</u>	
25d. LOCATION (City, town, or county) (State) <u>Ucon, Idaho</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 3-1951</u>	REGISTRAR'S SIGNATURE <u>Anna Bridger</u>	26. FUNERAL DIRECTOR <u>Ralph M. Wood</u>	ADDRESS <u>Idaho Falls, Idaho</u>



RECEIVED CERTIFICATE OF STILLBIRTH

JAN 25 1952

State of Idaho

State File No. 202

Local Reg. No. 2

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	a. STATE Idaho	b. COUNTY Canyon
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hosp		d. STREET ADDRESS (If rural, give location) 2124 So. Kimball	
3. CHILD'S NAME ((Type or Print)) Unnamed Robertson			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 18-1951
7. FATHER'S NAME a. (First) Jay		b. (Middle) J.	c. (Last) Robertson
8. COLOR OR RACE White			
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Greenleaf, Idaho	11a. USUAL OCCUPATION Service Station	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Diana		b. (Middle) Mae	c. (Last) Kinney
13. COLOR OR RACE White			
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Caldwell, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 1	b. How many children were born alive but are now dead? 0
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mr. J.J. Robertson			
18a. LENGTH OF PREGNANCY WEEKS 2	18b. WEIGHT AT BIRTH LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-25-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Auto mobile accident 11-17-51 mom was thrown out of car	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Editha with J. Munn M.D.	
		23b. DATE SIGNED 1/8/52	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Nov. 19-1951	
25c. NAME OF CEMETERY OR CREMATORY Canyon Hill, Caldwell, Idaho		25d. LOCATION (city, town, or county) (State) Caldwell, Idaho	
DATE REC'D BY LOCAL REG. 1/14/52		26. FUNERAL DIRECTOR'S ADDRESS Peckham-Dakan Chapel Caldwell, Idaho	

REC'D

DEC 18 1951

DIVISION OF VITAL STATISTICS

State of Idaho

State File No. 203

Local Reg. No. 79

Reg. Dist. No. 36.2

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Canyon		a. STATE Idaho	b. COUNTY Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt 2	

3. CHILD'S NAME
(Type or Print)

4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec 4 - 1951
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7. FATHER'S NAME	a. (First) Sherman	b. (Middle) Arthur	c. (Last) Robey	8. COLOR OR RACE White
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9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Bates Co., Missouri	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Unemployed At present
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12. MOTHER'S MAIDEN NAME	a. (First) Velma	b. (Middle) Florence	c. (Last) Hite	13. COLOR OR RACE White
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14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Lake Worth, Florida	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
		a. How many children are now living? 8
		b. How many children were born alive but are now dead? 1
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT Mr. Sherman Robey	18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Oct. 30, 1951
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20a. FETAL CAUSES premature separation of placenta and a H. placenta	20b. MATERNAL CAUSES H antibodies
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none	22. STATE ALL OPERATIONS FOR DELIVERY none
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)	23b. DATE SIGNED 12-6-51
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24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 4-1951	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
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DATE REC'D BY LOCAL REG. 12/8/51	REGISTRAR'S SIGNATURE Agnes Madarman	26. FUNERAL DIRECTOR Peckham-Dakota Chapel Caldwell, Idaho
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RECEIVED
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 1517

Local Reg. No. 220

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Gooding</u>		c. CITY OR TOWN <u>Richfield</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gooding Memorial</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>Lea Wayne</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July-16-1951</u>
7. FATHER'S NAME a. (First) <u>Benjamin</u>		b. (Middle) <u>R. Haubrich</u> c. (Last) <u>20 -</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Coleman Calif.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Arthy B.</u>		b. (Middle) <u>Haubrich</u> c. (Last) <u>W</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Salt Lake - Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>-</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>-</u>	
17. INFORMANT <u>Benjamin Haubrich</u>			
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>1-20-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Thrombosis</u>	20a. FETAL CAUSES <u>abruptio placentae</u> 20b. MATERNAL CAUSES <u>abruptio placentae</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>mammary placement of head</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:45 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Shoshone State</u>	
23b. ATTENDANT'S ADDRESS		23c. DATE SIGNED <u>7-26-51</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		25b. DATE <u>6-18-51</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Richfield</u>		25d. LOCATION (City, town, or county) (State) <u>Richfield - Idaho</u>	
DATE REC'D BY LOCAL REG. <u>1-5-52</u>		26. FUNERAL DIRECTOR ADDRESS <u>Myrtle C. Burdett Shoshone Idaho</u>	

REC-1

(1949 Revision of Standard Certificate)

State File No. 205

Local Reg. No. 343

Reg. Dist. No. 421

1. PLACE OF STILLBIRTH (Statistics)				2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY		GOODING		a. STATE		Idaho	
b. CITY (If outside corporate limits, write RURAL and give township)		WENDELL		b. COUNTY		Gooding	
c. FULL NAME OF (If not in hospital or institution, give street address or location)		ST. VALENTINE HOSP.		c. CITY (If outside corporate limits, write RURAL and give township)		Wendell	
d. HOSPITAL OR INSTITUTION				d. STREET ADDRESS		(If rural, give location)	
3. CHILD'S NAME							
((Type or Print)) KENNETH BABY (H.O. CHRISTIANSEN)							
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)				
M	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	12/9/1951				
7. FATHER'S NAME		a. (First)		b. (Middle)		c. (Last)	
Howard		O		Christiansen		8. COLOR OR RACE	
9. AGE (At time of this birth)		10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
35 YEARS		Iowa		Implement		Business	
12. MOTHER'S MAIDEN NAME		a. (First)		b. (Middle)		c. (Last)	
Elma Jean		Nielsen		13. COLOR OR RACE		White	
14. AGE (At time of this birth)		15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
31 YEARS		Fairfield Idaho		a. How many children are now living? one			
				b. How many children were born alive but are now dead? one			
				c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none			
17. INFORMANT							
✓ Elmer Nielsen Father							
18a. LENGTH OF PREGNANCY		18b. WEIGHT AT BIRTH		19. Was a standard serological test for syphilis performed? Yes..... No.....			
28 WEEKS		4 LBS. 3 OZS.		Approximate date			
CAUSE OF STILLBIRTH		20a. FETAL CAUSES					
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES					
		Abruptio Placenta					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR				22. STATE ALL OPERATIONS FOR DELIVERY			
Severe Hemorrhage at 7 mo.				Cesarean (Emergency)			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:40 p.m.				23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)		23b. DATE SIGNED	
				Harold H. Halvinger M.D.		12-11-51	
23c. ATTENDANT'S ADDRESS				24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
Wendell				If NOT attended by physician			
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE		25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
BURIAL		12/11/1951		Wendell		city Idaho	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR		ADDRESS	
Dec. 11/51		Sister M. Rose, M.D.		J. Forness Weaver		Wendell Idaho	

DEC 31 1951

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 206

Local Reg. No. 346

Reg. Dist. No. 421

1. PLACE OF STILLBIRTH

a. COUNTY

Gooding

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Wendell

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION St Valentines

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Jerome

c. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Rt 2

Jerome

d. STREET
ADDRESS

(If rural, give location)

Rt 2

3. CHILD'S NAME

(Type or Print)

Carlene Mae Vining

4. SEX

Female

5a. THIS BIRTH

SINGLE ☐TWIN ☒TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☒3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Dec 22 1951

7. FATHER'S NAME

a. (First)

Charles

b. (Middle)

Arnold

c. (Last)

Vining

8. COLOR OR RACE

White

9. AGE (At time of this birth)

27

YEARS

10. BIRTHPLACE (State or foreign country)

Jerome

Idaho

11a. USUAL OCCUPATION

Famer

11b. KIND OF BUSINESS OR INDUSTRY

Farming

12. MOTHER'S MAIDEN NAME

a. (First)

Anna

b. (Middle)

Mae

c. (Last)

Burks

13. COLOR OR RACE

White

14. AGE (At time of this birth)

26

YEARS

15. BIRTHPLACE (State or foreign country)

Jerome

Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

2

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Charles Vining

18a. LENGTH OF PREGNANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date

July 1951 36.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Cord around neck.

20b. MATERNAL CAUSES

Placental infarct to portion of placenta nourishing second macerated twin

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

7 weeks Premature 1st twin

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:47 a.m.

23a. ATTENDANT'S SIGNATURE

23c. ATTENDANT'S ADDRESS

23b. DATE SIGNED

(Specify if M. D., midwife, or other)

James E. Shout M.D.

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

12/26/51

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Dec 24.51

25c. NAME OF CEMETERY OR CREMATORY

Jerome

25d. LOCATION (City, town, or county)

Jerome

(State)

Idaho

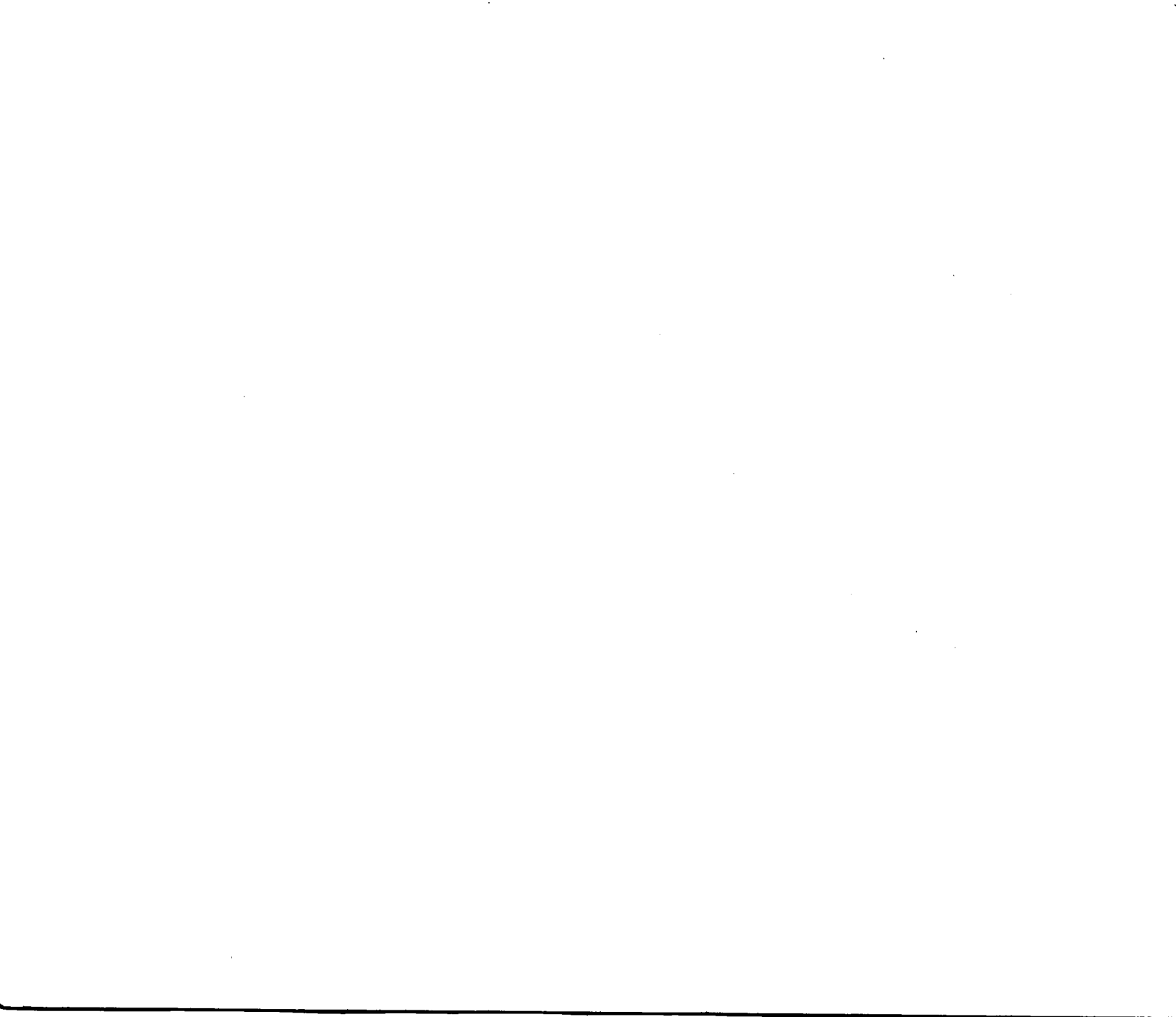
DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

Dec 24, 1951 Sister M. Rose for Willy. Jerome Idaho



PHS-797 (VS)
4-45
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
DIVISION OF VITAL
STATISTICS

RECEIVED

DEC 13 1951

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 207
Local Reg. No. 977
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital		d. STREET ADDRESS (If rural, give location) 253 Jackson St.	
3. CHILD'S NAME (Type or Print) CHARLES ALLEN REQUA			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 7, 1951
7. FATHER'S NAME a. (First) Edward b. (Middle) C. c. (Last) Regua		8. COLOR OR RACE White	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Missouri	11a. USUAL OCCUPATION Store Manager	11b. KIND OF BUSINESS OR INDUSTRY Own Business
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Marshall c. (Last) Moore		13. COLOR OR RACE White	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Kentucky	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Betty Marshall Regua			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y 39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cerebral Anoxia 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED 12/7/51	
23c. ATTENDANT'S ADDRESS 23d. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician)		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 12/10/51	25c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. 12-11-51	REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS White Mortuary Twin Falls, Idaho		

